MAXIMUS Federal Services

Case Number:	CM13-0072258		
Date Assigned:	05/07/2014	Date of Injury:	10/30/2011
Decision Date:	07/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who has submitted a claim for myofascial pain syndrome, bilateral lumbar radiculitis, and lumbar disc herniation associated with an industrial injury date of October 30, 2011.Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain with radiation to both legs. Physical examination showed tenderness and restricted ROM of the lumbar spine. Treatment to date has included NSAIDs, opioids, muscle relaxants, back bracing, home exercise programs, physical therapy, acupuncture, TENS, chiropractic sessions, and lumbar epidural steroid injections.Utilization review from December 2, 2013 denied the request for 12-month rental of interferential stimulation with supplies because of no documentation concerning objective evidence of failure or intolerance with initially recommended pain modalities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 MONTH RENTAL OF INTERFERENTIAL STIMULATOR WITH SUPPLIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 118-120.

Decision rationale: According to pages 118-120 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. However a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects; or history of substance abuse; or unresponsive to conservative measures. In this case, functional goals and functional restoration modality to be used in conjunction with the interferential unit were not documented. Recent progress notes reported chronic lower back pain; however, there were no reports of diminished effectiveness, failure, or intolerance to oral medications. Physical therapy was noted to provide functional benefits. There were no reports of a successful 1-month trial of the interferential unit in the medical records reviewed. The criteria for use of the interferential unit were not met. Therefore, the request for 12 month rental of interferential stimulator with supplies is not medically necessary.