

Case Number:	CM14-0000919		
Date Assigned:	04/23/2014	Date of Injury:	03/16/2006
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 58 year old male with a date of injury 3/16/06. The patient sustained an injury to his lower back, left shoulder and right knee. The diagnoses include 1. Traumatic arthritis right knee, status post total knee arthroplasty in December 2009, with some persistent pain anteriorly, possibly meralgia paresthetica 2. Lumbar disc protrusion with ongoing lower extremity spinal stenosis 3. Chronic pain syndrome. There is a request for DME interferential stim unit purchase with one year of supplies. There is a 1/24/14 primary treating physician report that states that the patient continues with right-sided low back pain and right knee pain. He continues to take medication for symptom relief. The patient recently saw pain specialist and underwent a facet rhizotomy right L4-S1 under fluoroscopic guidance on December 9, 2014, with good results. The patient reports improved lower back pain. The pain is aggravated with walking, standing, sitting, lifting, bending, squatting and extending. The pain is rated 2-3/10. The patient reports constant right knee pain. The pain is rated 5/10, and is aggravated with standing, sitting, lifting, bending, squatting and extending. On examination the patient has mild paraspinal lumbar musculature tenderness from L1- L5. There is decreased range of motion in all directions of the lumbar spine. There is right knee slight swelling with minimal tenderness with full flexion and extension. He has an antalgic gait. There is weakness to resistance on flexion. The patient returns today with ongoing low back and right knee symptoms. The treatment plan states that the patient was authorized to receive as a rental an interferential unit for pain reduction. He has been using the unit and reports improvement with. The patient was prescribed Ambien as a sleep aid. There is documentation that the patient underwent a urinalysis for the purpose of medication management and compliance. The results of test were inconsistent due to the patient receiving narcotics from his pain management physician which were not disclosed at the time the specimen was taken. The patient is now aware that he must disclose all medication to be in compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME:INTERFERENTIAL (IF) STIM UNIT PURCHASE WITH ONE YEAR OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The request for DME interferential stim unit purchase with one year of supplies is not medically necessary per the MTUS guidelines. The MTUS guidelines do not recommend interferential stim as an isolated intervention. The guidelines state that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are particular patient selection criteria if Interferential stimulation is to be used anyway including that the pain is ineffectively controlled due to diminished effectiveness of medications; or, that the pain is ineffectively controlled with medications due to side effects; or if there is a history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation submitted does not reveal evidence of postoperative pain or ineffective control of pain from oral medications. The documentation is not clear on how long the patient's trial of a stim unit has been. There is no evidence that the trial has caused patient to decrease his pain meds or have a functional improvement. The request for DME interferential stim unit purchase with one year of supplies is not medically necessary.