

Case Number:	CM14-0002601		
Date Assigned:	01/29/2014	Date of Injury:	06/27/2012
Decision Date:	05/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is 40 year old male who was involved in a work-related injury on June 27, 2012. Diagnosis for lumbar disc disease, lumbar annular tear, and sprain/strain were established Final Determination Letter for IMR Case Number CM14-0002601 3 and treated under conservative measures, including medication management (Norco), physical therapy, and injection therapy. Furthermore, the clinical documentation reports return to work. Surgical intervention has not been recommended to date. Medical records from October 31, 2013 indicate the patient reports psychological component associated with chronic pain syndrome. The patient has been under therapy treatment. He has been on antidepressants. They have been helpful. He is running low on Hydrocodone and needs a refill on that. He is working. He still has daily pain, but he has definitely been using exercises to help increase his mobility and be more stretched. He has been functional for the most part. Without his pain medications, he is essentially nonfunctional. He has been at work. Objective findings include the patient is able to forward flex 30 degrees. A little more, it causes pain in the low back and extends on the right. He has some hypertonicity of the musculature, particularly of the thoracolumbar region on the right side compared to the left side, but it is more profound. It is tender to palpation. There are a little myofascial pain points are notable on examination. It does radiate down along the right dermatome when it goes farther down the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERSPEC IF II DEVICE AND MONTHLY SUPPLIES (ELECTROTHERAPY):

Upheld

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

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

Decision rationale: As per CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for Interspec IF II device and monthly supplies (Electrotherapy) is considered as, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercises and medications, and limited evidence of improvement on those recommended treatments alone." Further guidelines indicate, it is appropriate, "if pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or -History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or -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." In this case, the most recent medical record, dated 10/31/13, documents a history of chronic low back pain, for which is currently being treated with medication (Norco), physical therapy/home exercises, and injured worker has recently returned to work. Prior treatment included lumbar and SI joint injection with minimal to no relief of symptoms. Such documentation is considered relevant clinical findings that meet the criteria for the one-month trial of Interspec IF II device with documentation of functional improvement, pain relief, and medication reduction. However, since the request is for Interspec IF II device and monthly supplies (Electrotherapy), the medical necessity has not been established.