

Case Number:	CM14-0005427		
Date Assigned:	02/05/2014	Date of Injury:	05/18/2012
Decision Date:	11/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/15/2014

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 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:

There were 10 pages provided for this review. The application for independent medical review was signed on January 15, 2014. The requested service was an interferential unit for a one-month trial and an interferential unit for two months rental. The unit was approved for an interferential unit for a one-month trial. It appears that the interferential unit for two months rental was non certified. Per the records provided from January 2, 2014, the patient has back pain post surgery. There was slow improvement in the left leg pain, and there were continuing symptoms of neck pain as well as depression. Per the records provided, the patient was described as a 59-year-old man who worked at [REDACTED] as the vice president for operations where he had worked for almost 34 years. He was trying to lift a 60 gallon trash bin and started to have back pain. Also on June 29, 2012, a gate cross bar hit his nose and face quite hard, causing him to have headache and pain. He had a microdiscectomy at L4-L5-S1 at Kaiser in 2007 for the work-related back injury in 2007. The current medicines, as of January 2, included MS Contin, oxycodone, Celexa, Colace, me relax, and Lyrica. He has a past history of high blood pressure. The interferential unit would be to facilitate the patient's ability to actively perform exercise, physical therapy treatment plan to reduce medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT 2 MONTHS RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 and 118 of 127.

Decision rationale: The MTUS notes regarding interferential TENS: 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. Moreover, the MTUS notes that TENS in general are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. -Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) -Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warrant TENS. Further, a two month trial is not supported in the evidence based guidelines, especially given that a one month trial was, per the records, certified. The request is therefore not medically necessary.