

Case Number:	CM14-0005797		
Date Assigned:	02/05/2014	Date of Injury:	07/17/2011
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
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:

The patient is a 57-year-old male who has submitted a claim for lumbar sprain/strain; lumbar multilevel disc bulges with spinal canal stenosis, right knee internal derangement, and right knee degenerative joint disease associated with an industrial injury date of July 17, 2011. Medical records from 2013 were reviewed. The patient complained of right knee pain and lower back pain with radiation to the right leg. Pain was aggravated by standing, sitting, walking, and bending. Physical examination showed straightening of the lordotic curve, tenderness over the lumbosacral junction and diffuse swelling of the right knee. The treatment to date has included NSAIDs, opioids, muscle relaxants, antidepressants, topical analgesics, TENS, ESWT, acupuncture, physical therapy, chiropractic sessions, and surgery. Utilization review from December 23, 2013 denied the request for continued use of IF4 unit for home use for lumbar spine and right knee because oral pain medications were effective and the patient does not use the IF4 unit at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED USE OF IF 4 (INTERFERENTIAL) UNIT FOR HOME USE FOR LUMBAR SPINE AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS)/ NEUROMUSCULAR ELECTRICAL.

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

Decision rationale: Pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or significant pain from postoperative conditions limits the ability to perform exercise programs; or unresponsive to conservative measures. In this case, the patient was prescribed an IF4 unit since May 2013. However, recent progress notes revealed that the patient has not been using the IF4 unit at home. There were reports of epigastric pain due to NSAIDs, however, patient was given antacids and subsequently improved. Progress notes cited that oral pain medications, physical therapy, and acupuncture resulted to functional improvement. Given that patient was responsive to conservative measures and there is questionable compliance to IF4 unit, the medical necessity has not been established. Therefore, the request for continued use of IF 4 unit for home use for the lumbar spine and right knee is not medically necessary.