

Case Number:	CM14-0008485		
Date Assigned:	02/12/2014	Date of Injury:	07/21/2011
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Emergency 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 has a documented date of injury of 7/21/2011. The mechanism of injury was not provided. The patient has a diagnosis of "pain in limb" and lumbosacral radiculopathy. Multiple medical records from primary treating physician and consultants reviewed. Last report available is until 12/5/13. The patient complains of low back pain radiating to left hip and lower extremities with pain, paresthesia and numbness. Pain worsens with bending, equating and prolonged standing or walking. Objective exam reveals spasms, tenderness and guarding at paravertebral musculature of lumbar spine with loss of range of motion. There is decreased sensation to S1 dermatomes bilaterally. There is a note that a home interferential unit was requested to "reduce tension and increase muscle tone and flexibility." The patient is reportedly on Tramadol but no complete medication list was provided. The patient is reportedly on home exercise regiment and lumbar support. No advance imaging or electrodiagnostic reports were provided. The utilization review (UR) is for IF(Interferential) Unit purchase. The prior UR on 1/7/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (INTERFERENTIAL) UNIT PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION(ICS), Page(s): 118-120.

Decision rationale: As per MTUS guidelines, interferential current stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. The patient appears to be getting home exercise therapy but it is no clear if physical therapy or a functional restorative program is ongoing. There is no documentation of failure of standard therapy or poor pain control on medication. There is no documentation of attempt of TENS. The request for ICS is not medically necessary.