

Case Number:	CM14-0106553		
Date Assigned:	07/30/2014	Date of Injury:	04/07/2013
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 a 49-year-old female with a reported date of injury on 04/07/2013. The injury reportedly occurred when the injured worker assisted a client who fell. Her diagnoses were noted to include right sacroiliitis, chondromalacia of the right knee and a lumbar disc herniation. Her previous treatments were noted to include medications, physical therapy, ice therapy, heat therapy and a TENS unit. The progress note dated 04/15/2014 revealed that the injured worker complained of pain to the left knee, neck, back and right lower extremity. The injured worker also complained of right knee pain. She rated the severity of her pain as a 10/10 and experienced knee pain 100% of the time. She indicated neck pain, neck stiffness, low back pain and radiating pain down to 1 leg. She indicated that the complaint was mostly noticeable in the evening. The physical examination of the lumbar spine revealed lumbar facet pain on both sides at the L3-S1 region. There was moderate pain noted over the lumbar intervertebral discs on palpation. The lumbar spine was noted to have decreased range of motion, and there were palpable trigger points noted. The provider recommended an interferential RS4 for a 1 month trial to decrease pain, decrease medication requirements and improve function. The progress note dated 05/27/2014 revealed that the injured worker complained of pain to the left knee, neck, back and lower extremity. The injured worker rated her pain as a 4/10. The physical examination was not documented within the medical records. The Request for Authorization form dated 05/29/2014 was for an (interferential) home stimulation unit times 1 month rental for back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF, Interferential Home Stim device x 1 month rental for back pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, pages 118-119 Page(s): 118-119.

Decision rationale: The request for an IF (interferential) home stimulation device times 1 month rental for back pain is non-certified. The injured worker rated her back pain at a 4/10 with utilization of heat, ice and medications to alleviate pain. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and postoperative knee pain. The findings of these trials were either negative or not interpretable for recommendations due to poor study design and/or methodologic issues. In addition, although proposed treatment in general for a soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for the treatment of these conditions. There is a lack of documentation regarding the interferential unit to be used in conjunction with an evidence-based functional restoration approach. Therefore, the request is non-certified.