

Case Number:	CM14-0108167		
Date Assigned:	09/15/2014	Date of Injury:	08/20/2012
Decision Date:	10/27/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 08/20/2012. The injury reported was when the injured worker was leaning down to move shoe boxes. The diagnoses included spondylolisthesis at L3-4; borderline instability at L3-4; disc protrusion at multiple levels, worse at L3-4; and left thigh radiculopathy/radiculitis. The previous treatments included medication, physical therapy, and TENS unit. The diagnostic testing included an MRI and x-rays. Within the clinical note dated 06/05/2014, it was reported the injured worker complained of low back pain, left leg pain, left foot pain. She rated her pain 8/10 in severity. Upon the physical examination, the provider noted the injured worker's lumbar spine had pain to palpation, with paraspinal muscle spasms. The range of motion was limited secondary to pain with flexion at 50% of normal and extension at 20% of normal. The provider noted the injured worker had a positive straight leg raise on the left. The provider requested an interferential unit rental for 3 months. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit rental x 3 month: Upheld

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

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

Decision rationale: The request for Interferential Unit rental x 3 months is not medically necessary. The California MTUS Guidelines do not recommend a Stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise and medication and limited evidence of improvement on those recommended treatments alone. It may possibly be appropriate for the following conditions if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions which limits the inability to perform exercise programs/physical therapy treatments or unresponsive to conservative treatment. The clinical documentation submitted fails to provide evidence that would reflect diminished effectiveness of medications, history of substance abuse or any postoperative conditions that would limit the injured worker to perform any exercise programs or physical activity. There is lack of documentation indicating the injured worker is unresponsive to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's functional condition which would demonstrate deficit needing to be assessed as well as establish a baseline to which assess the objective functional improvement over the course of therapy. Therefore, Interferential Unit rental x 3 months is not medically necessary.