MAXIMUS Federal Services

Case Number:	CM14-0015925		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2013
Decision Date:	09/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 37 year old male with a reported date of injury on 09/20/2013. The mechanism of injury was a fall. The diagnoses included lumbosacral sprain. The past treatments were pain medication, chiropractic therapy, physical therapy and a TENS unit. The x-rays of the lumbar spine on 01/06/2014 revealed no evidence of fracture or malalignment and no evidence of spondylosis. There was no surgical history noted in the records. On 12/17/2013, the subjective complaints were low back pain radiating to bilateral legs. There were no clinical notes submitted after the 12/17/2013 note. The physical examination noted tenderness over the paralumbar area and bilateral straight leg raise test at 70 degrees with pain. The medications included Neurontin and Vicodin. The plan was to continue medications and an IF4 unit. The rationale was to reduce pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF IF4 UNIT FOR THE LOW BACK TIMES 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 118-119.

Decision rationale: The California MTUS Guidelines state Interferential Current Stimulation is not recommended as an isolated intervention, but may be recommended in conjunction with recommended treatments, including return to work, exercise, and medications, when there is limited evidence of improvement on those recommended treatments alone. Additionally, the guidelines state this treatment may be supported when pain is ineffectively controlled due to diminished effectiveness of medications or adverse side effects, when there is a history of substance abuse, when there is significant pain from postoperative conditions limiting the ability to perform exercise programs, or when the patient has been unresponsive to conservative measures. The injured worker has chronic low back pain and is taking Neurontin and Vicodin to manage pain. The notes do not adequately document if there is any diminished effectiveness of medications, history of substance abuse or if the injured worker has been unresponsive to conservative measures. As there is not adequate documentation of diminished effectiveness of medications, history of substance abuse or prior response to conservative measures, the request is not supported. As such, the request for Purchase of IF4 unit for the Low Back times 1 is not medically necessary.