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| Case Number: | CM14-0019663 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 10/25/2004 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 53 year old male who reported an injury on 10/25/2004. The mechanism of injury was due to an assault at work by another co-worker. The clinical note dated 01/21/2014 reported the injured complained of moderate to severe low back pain radiating down both lower extremities primarily along the L5 distribution bilaterally and along the S1 nerve root on the right, also had moderate facet tenderness. The injured worker had an MRI on 08/07/2010 which noted multilevel degenerative disc disease. The injured worker was prescribed Norco, Neurontin and Soma. The physical exam noted moderate facet tenderness noted from L4-S1. The injured worker had diagnoses of lumbar disc disease, status post lumbar laminectomy, lumbar radiculopathy, and lumbar facet syndrome. The provider noted recommended for the injured worker to have injection treatment for his future medical care. The provider requested an interferential unit trial. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTERFERENTIAL CURRENT STIMULATION Page(s): 118-119.

Decision rationale: The request for an interferential unit trial is non-certified. The injured worker complained of moderate to severe low back pain radiating down both lower extremities primarily along the L5 distribution bilaterally and along the S1 nerve root on the right, also had moderate facet tenderness. The California MTUS guidelines do not recommend interferential unit 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. Therefore, the request for interferential unit trial is not medically necessary or appropriate.