

Case Number:	CM14-0110878		
Date Assigned:	08/01/2014	Date of Injury:	01/11/2013
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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 Nevada. 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 records presented for review indicate that this 45 year-old individual was reportedly injured on January 11, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 14, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated this 5'6", well-developed, well-nourished individual in no acute distress. A normal gait pattern is reported with no assistive devices. There is tenderness to palpation of the lower lumbar spine, and muscle spasm is reported. A decrease in lumbar spine range of motion is also noted. Sensory is decrease in the L4 and L5 dermatomes in the left however motor examination is normal. Diagnostic imaging studies reported disc lesion at L2/L3 and L4/L5. Previous treatment includes physical therapy, trigger point injections, epidural steroid injections and TENS. A request had been made for an interferential unit and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF(Interferential Stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS Page(s): 118-120 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the current physical examination as well as the parameters outlined in the MTUS, there is insufficient clinical evidence to support that the previous submission has any efficacy whatsoever. Therefore, while noting that this is not recommended as an isolated intervention, multiple medications are being prescribed to address the pain complaints, there is clearly no data to suggest that this has a reasonable expectation of success in terms of reducing pain or increasing functionality. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS, this is not medically necessary.