

Case Number:	CM14-0112138		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported an injury on 08/17/2011. The mechanism of injury was not provided. On 05/02/2014, the injured worker presented with complaints of lumbar spine pain with radicular pain in the bilateral lower extremities. Upon examination, there was tenderness to palpation over the lumbar spine paravertebral muscles with spasming, guarding, and notated trigger points with a twitch response in the paravertebral muscles. The diagnoses were musculoligamentous sprain of the lumbar spine, neuritis and radiculitis of the lumbar spine, and herniated rupture disc spine. Prior therapy was not provided. The provider recommended an interferential unit for the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option with use of an adjunctive program of evidence based functional restoration. The results of studies are inconclusive, and the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative treatment was not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request was also unclear as to if the injured worker needed to rent or purchase the TENS unit. As such, the request is not medically necessary.