

Case Number:	CM14-0116361		
Date Assigned:	08/04/2014	Date of Injury:	09/29/2011
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 44 year-old gentleman who was injured on September 28, 2011 with chronic complaints of low back pain since the injury. Records indicate conservative care has been utilized including epidural injections, medications, work restrictions and bracing. A current clinical report of June 17, 2014 describes ongoing low back complaints for which the claimant is with continued complaints of pain. There is indication of a prior surgical process, including a September 17, 2013 microdiscectomy at the L3 through 5 level. His current complaints are that of low back pain with radiating leg pain. Physical examination showed restricted range of motion with an antalgic gait pattern, tenderness to lumbar palpation with full motor strength from the L3 through S1 dermatomal distributions bilaterally. Sensory examination was also intact with equal and symmetrical deep tendon reflexes. Given the claimant's ongoing complaints, there was a current recommendation for an interferential unit with supplies for this individual's chronic complaints. There is no indication of prior TENS unit use. There is no indication of other forms of current treatment being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Electrical Stimulators; Inferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118, 120.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, interferential device in this case would not be indicated. Guidelines in regards to the use of interferential devices do not indicate its use as isolated intervention but only supports its use in treatment that includes return to work and in evidence based functional restoration. Records in this case do not indicate change in the claimant's work related status or indication of a functional restoration program to improve the claimant's overall strength and conditioning. The use of this agent as an isolated intervention at this stage in the claimant's clinical course of care would not be supported and is therefore, not medically necessary.