

Case Number:	CM14-0117283		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2013
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 28 year old male with a work injury dated 10/8/13. The diagnoses include lumbar spine sprain and strain with L5-S1 disc protrusion grade 1 and right lower extremity atrophy. Under consideration is a request for inferential current stimulation (IF) unit. There is a primary treating physician report dated 06/24/14 where the patient complained of constant, moderate pain radiating to the legs and toes, and with severe pain there was stiffness of the low back. The patient also complained of numbness and tingling in the lower back. On physical exam, the patient was limping and had an antalgic gait. The right hip was elevated; there was tenderness along the lumbar paravertebral muscles, spinous processes, and sacroiliac joint. There was paravertebral muscle guarding and spasm. There was pain and difficulty with tiptoe walking. There was also pain with heel walking. The patient was able to perform a full squat with a full recovery with pain in the lower back. There was decreased sensation in the lateral thigh. The straight leg raise was positive and Fabere was positive bilaterally. There were trigger points to palpation of the lumbar muscles. Treatment plan included functional capacity evaluation (FCE), acupuncture to the lumbar spine. X-ray of the lumbar spine and Inferential current stimulation (IF) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential current stimulation (IF) unit: Upheld

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

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

Decision rationale: Inferential current stimulation (IF) unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that patient selection criteria for a one month trial may be appropriate if Interferential Stimulation is to be used and include certain criteria including that the unit is effective as directed or applied by the physician or a provider licensed to provide physical medicine on patients who have a history of substance abuse, postoperative pain and are unresponsive to conservative measures. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention by the MTUS Guidelines. The documentation does not indicate that the patient has had an adequate trial of the interferential current stimulation with evidence of functional improvement, decreased pain and medication reduction. The request for Inferential Current Stimulation (IF) unit is not medically necessary.