

Case Number:	CM14-0123605		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2012
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Interventional Spine 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 patient is a 68 year old female with an injury date on 08/02/2012. Based on the 06/24/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Bilateral sacroiliac joint arthropathy. 2. Right hip greater trochanteric bursitis. 3. Right piriformis syndrome. 4. Lumbar spine discopathy. According to this report, the patient complains of low back and right hip pain, unchanged from last visit. The pain is rated as a 7/10 with burning pain on the right side of the low back. Numbness and tingling are also noted at the lower extremity. Heel-toe walk was difficult to perform due to pain. Mild tenderness to palpation was noted over the right piriformis muscle and gluteal muscle. Palpation of the right piriformis region elicits mild pain in the right hip posterior thigh. Right Piriformis Stress (FAIR), bilateral Fabere's/Patrick, bilateral Sacroiliac Thrust Test, bilateral Yeoman's Test, right Sciatic Notch Tenderness and bilateral Kemp's test were all positive. There were no other significant findings noted on this report. Dr. [REDACTED] is requesting 1 interferential unit. The utilization review denied the request on 07/22/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 08/02/2012 to 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: According to the 06/24/2014 report by Dr. [REDACTED] this patient presents with low back and right hip pain, unchanged from last visit. The treater is requesting 1 interferential unit (30-day trail). The utilization review denial letter states "A review of the submitted records fails to reveal documentation indicating effectiveness of interferential therapy as administered by a physician." The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. If it is to be used, indications are failure with medication(s), post-op pain control, history of substance abuse or unresponsive to conservative measures. Then a month trial is recommended. The treater does not provide any discussion regarding these criteria to have the patient qualify for a trial of IF unit. Recommendation is for denial.