

Case Number:	CM14-0124524		
Date Assigned:	08/08/2014	Date of Injury:	03/15/2012
Decision Date:	09/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Pain Medicine 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 50-year-old female who reported an injury on 03/15/2012. The mechanism of injury was not indicated. The injured worker was diagnosed with left piriformis syndrome, left sacroiliac joint sprain, lumbar musculoligamentous sprain/strain. The injured worker also received a TENS unit and hot and cold unit to be used as other conservative care has failed. MRIs of the cervical and lumbar spines were performed on 06/19/2012. On 07/08/2014, the injured worker continued with complaints of pain to the lumbar region rated 6/10. The pain was manifested upon movement. The injured worker describes her pain as moderate to severe; the pain was constant, dull, burning with numbness. The injured worker was prescribed Norco. The treatment plan included recommendations for the injured worker to continue utilizing the TENS unit, the hot and cold therapy unit, and a home exercise program. The physician was requesting a 6 month supply for the IF stim unit to maintain disposable equipment, disposable supplies for the TENS units she utilizes at home. The Request for Authorization form was signed on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Supply for IF-Stim Unit (Interferential Stimulators Unit)(3-Month Supply List x2: Electrodes Packs Qty:12 packs, Power Packs Qty: 36,Adhesive Remover Towel Mint Qty:48): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

Decision rationale: The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention. The guidelines note a one month trial of interferential current stimulation may be appropriate if the patient's pain is ineffectively controlled due to diminished effectiveness of medications or side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limit the ability to perform active treatment modalities, or if the patient is unresponsive to conservative measures. The guidelines note it should be documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. The guidelines indicate there should be documentation indicating evidence of increased functional improvement, less reported pain, and evidence of medication reduction after the trial to support purchase of the unit. There is a lack of documentation indicating the injured worker has an interferential unit which provides the injured worker with significant objective functional improvement, reduction of pain, and reduction of medication. Information pertaining to the frequency at which the unit is used is not provided. As such, the request is not medically necessary.