

Case Number:	CM14-0125401		
Date Assigned:	08/11/2014	Date of Injury:	10/15/2013
Decision Date:	09/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Nevada. 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 records presented for review indicate that this 41 year-old male was reportedly injured on 10/15/2013. The mechanism of injury is noted as a pulling injury. The most recent progress note, dated 5/13/2014 indicates that there are ongoing complaints of low back pain that radiates into the right lower extremity. The physical examination demonstrated lumbar spine: positive muscle guarding, slight decrease in range of motion in comparison a normal. Positive tenderness to palpation of the paraspinal muscles, spinous processes, Piriformis and gluteus groups bilaterally. Positive tenderness to palpation in the buttocks was also noted. Motor and sensory nerve of the right lower extremity is unremarkable. Diagnostic imaging studies that included an MRI of the lumbar spine dated 2/3/2014 which demonstrates broad-based disc protrusion at L3-4, L4-5, and L5-S1. Previous treatment includes #45 physical therapy visits, #15 chiropractic visits, medications, and conservative treatment. A request had been made for interferential unit but was not certified in the pre-authorization process on 7/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: MTUS guidelines do not support Interferential Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. As such, this request is not medically necessary.