

Case Number:	CM14-0125534		
Date Assigned:	09/24/2014	Date of Injury:	02/20/2005
Decision Date:	10/24/2014	UR Denial Date:	07/11/2014
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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

42y/o male injured worker with date of injury 2/20/05 with related low back pain. Per progress report dated 8/20/14, the injured worker complained of frequent/constant moderate low back pain radiating to the bilateral lower extremities. Per physical exam, range of motion of the lumbar spine was decreased. There was tenderness about the lumbar spine. Treatment to date has included injections, physical therapy, TENS, and medication management. The date of UR decision was 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renew Supplies 9 Electrodes, leads and batteries) for VQ Orthocare Inferential unit:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: Per the MTUS CPMTG, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. As the interferential unit was not documented to be medically necessary, the requested supplies for the unit are not medically necessary.