

Case Number:	CM14-0135398		
Date Assigned:	08/29/2014	Date of Injury:	11/15/2009
Decision Date:	09/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 California, 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:

This case involves a 51-year-old female with date of injury of 11/15/2009. The listed diagnoses per [REDACTED] dated 07/01/2014, include stress fracture of the left third metatarsal of the left foot, sprain/strain; left leg pain; lumbar disk with left lower extremity neuralgia; and sleep disorder, depressive disorder. According to this report, the patient is experiencing constant severe low back pain with tightness, pulsating, tingling, and burning that is increased with daily activities. She also reports constant severe leg pain with tingling and burning. The patient notes constant severe left foot pain with tightness, tingling, and burning. The objective findings show tenderness upon palpation with limited painful range of motion in the left foot and lower back. Positive neurological findings were noted in the lower extremities with decreased sensory in the left leg that is worsening. The utilization review denied the request on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This injured worker presents with severe low back pain, severe leg pain, and severe left foot pain. The treater is requesting an interferential unit. The MTUS Guidelines page(s) 118 to 120 states that 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. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The report making the request is missing. The documents show that the patient has not trialed an IF unit. In this case, MTUS requires a trial of an IF unit to determine its efficacy in terms of function and pain reduction. Therefore, the request is not medically necessary.