MAXIMUS Federal Services

Case Number:	CM14-0150202		
Date Assigned:	09/18/2014	Date of Injury:	08/28/2013
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 23 year old male with a date of injury on 8/28/2013. Diagnosis is of lumbar sprain/strain with radicular complaints. Subjective complaints are of thoracic and lumbar spine pain, right more than left. Physical exam shows tenderness about the right paralumbar muscles, decreased range of motion, and a positive right straight leg raise test. Lumbar MRI shows central disc extrusion at L4-L5 with moderate central spinal canal stenosis. Prior treatment includes acupuncture and medications. Medications include Voltaren, Norco, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home EMS Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Treatment Page(s): 118-119.

Decision rationale: CA MTUS does not recommend interferential current stimulation as an isolated intervention. But CA MTUS does suggest it is possibly appropriate to have a one month trial if the following criteria are meet: Pain is ineffectively controlled due to diminished

effectiveness of medications; Pain is ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. For this patient, there is no objective evidence submitted from a one-month trial. Furthermore, the records did not identify other concurrent conservative measures that are to be utilized with interferential treatment. Therefore, the medical necessity of an interferential unit is not established at this time.