MAXIMUS Federal Services

Case Number:	CM14-0151887		
Date Assigned:	09/19/2014	Date of Injury:	02/04/2014
Decision Date:	12/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Interventional Spine Pain Management 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:

The patient is a 31 year old female with the injury date of 02/04/2014. The patient presents pain in her lower back, radiating down the right hip. The patient rates her pain as 4-5/10 on the pain scale, aggravated by her activity. The patient is able to walk with a normal heel to toe gait pattern with normal velocity and propulsion. The range of lumbar motion is limited. Her lumbar flexion is 45 degrees, extension is 10 degrees and bilateral bending is 40 degrees. There is tenderness along the thoracolumbar junction at T9-L1, L3-L4 and L4-L5. Bilaterally straight leg raising is negative. The 06/27/2014 physical therapy report indicates that the patient had 8 sessions of physical therapy with improvement in strength, ROM and ADL's. The patient remains temporarily totally disabled. MRI of the lumbar on 04/30/2014 reveals a broad 2mm disc protrusion at L5-L5, resulting in effacement of the anterior thecal sac with some abutment of the descending L5 nerve roots bilaterally with mild central canal narrowing. Diagnoses on 08/29/2014 1) Lumbosacral sprain/ strain2) Sacroiliac joint dysfunction3) A 2mm dis bulge at L5-S14) Lumbar radiculitis on the rightThe Utilization Review determination being challenged is dated on 08/19/2014. Treatment reports were provided from 03/03/2014 to 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator IF Unit, purchase and supplies: 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 (ICS) Page(s): 118-120.

Decision rationale: The patient presents with lower back. The request is for Interferential Stimulator IF Unit, purchase and supplies. MTUS (page 118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects; History of substance abuse; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Review of progress reports does not show documentation of the patient's medical use, history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. Furthermore, the provider does not discuss whether the patient had a month's trial ICS or how the patient responded to ICS. Therefore, this request is not medically necessary.