

Case Number:	CM14-0158104		
Date Assigned:	10/01/2014	Date of Injury:	05/18/2012
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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:

The patient is a 59-year-old male with date of injury of 05/18/2012. The listed diagnoses per [REDACTED] from 01/02/2014 are: 1. Status post left L4-L5 and L5-S1 discectomy from 11/12/2013, improving. 2. L4-L5 and L5-S1 disk herniation due to work injury with severe worsening pain despite conservative treatments. 3. Disk herniation, cervical, C3-C4 as well as C4-C5, C5-C6, and C6-C7. 4. Thoracic multilevel disk protrusion. 5. Depression. 6. Erectile dysfunction. 7. Gastrointestinal pain due to medications. 8. Insomnia. 9. Neuropathic pain of the left lower extremity. According to this report the patient notes slight improvement in back pain since surgery and slow improvement in his left leg pain. He continues to have symptoms in his neck and shoulder with reports of depression. The examination shows the patient's gait is slowly improving. It is still antalgic and he still continues to use a cane. He has substantial difficulty with moving his left leg due to neuropathic pain. The patient had pain to palpation at L4-L5, L5-S1 area. Range of motion is limited secondary to pain. Motor strength is 5/5 proximally and distally bilaterally. There was normal sensation to light touch bilaterally in the lower extremities. Deep tendon reflexes are 2+ and equal bilaterally in the ankles and knees. Straight leg raise is negative. The utilization review denied the request on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Patches #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines on interferential current stimulation Page(s): 111 TO 120.

Decision rationale: This patient presents with back, left leg, and neck pain. The physician is requesting interferential unit patches, quantity 12. The MTUS Guidelines page 111 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 physician to study effects and benefits of its use. The 01/02/2014 report notes that the physician is requesting an interferential unit therapy to facilitate the patient's ability to actively perform exercise and physical therapy treatment and reduce medications. Despite the review of records from 01/02/2014 to 08/20/2014, there is no documentation of the patient's use of the interferential unit. More importantly, there is no documentation that the IF unit is reducing the patient's pain, reducing medication intake, and improving function. The request is not medically necessary.