

Case Number:	CM14-0162544		
Date Assigned:	10/07/2014	Date of Injury:	11/30/2012
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 27 year old male who reported an injury on 11/30/2012. The mechanism of injury was not specified. On the physician's progress note dated 05/28/2014, the diagnoses listed were lumbar disc displacement, sprain of lumbar, and thoracic/lumbosacral neuritis/radiculitis. His past treatment on the review noted injections. On the 05/28/2014 progress note, it was noted the injured worker had an MRI of his lumbosacral region on 02/11/2014. His surgical history was not included in the review. It was noted the injured worker had pain in his upper/middle back for 2 months. He was evaluated by an orthospine physician and requested a second opinion from his primary treating physician. The findings from the orthospine physician were not clearly documented. There were no objective findings on the review submitted. A list of relevant medications was not provided. The treatment plan was not provided. A request was received for DME IF unit purchase with no clear rationale given. A Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: IF unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: According to the California MTUS Guidelines, interferential current stimulation is not recommended as a single treatment. 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. Although this method is not recommended as a single intervention, it may be used if pain is not controlled due to ineffective medications "wearing off", pain medications are no longer effective due to side effects, history of substance abuse in the injured worker, substantial pain from post-op conditions which limit the person's mobility, and unresponsiveness to other conservative measures. This injured worker has had chronic low back pain since he reportedly injured his back on 11/30/2012. The injured worker had complaints of upper/middle back pain for 2 months and saw an orthospine physician but requested to see his primary treating physician for a second opinion. The details of the orthospine evaluation were not included in the review provided. An MRI was performed of the injured worker's lumbosacral region on 02/11/2014 though no documentation was provided with any findings noted. More objective documentation is needed in regard to the injured worker's medications, physical therapy, and past and current treatments. Nonetheless, the guidelines state there is limited evidence to support the use of interferential current stimulation. In addition, the submitted request does not specify the site of treatment. Based on the information provided, the request is not supported by the guidelines. As such, it is not medically necessary.