

Case Number:	CM14-0178642		
Date Assigned:	11/03/2014	Date of Injury:	06/24/2013
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 who was injured on 6/24/2013. The diagnoses are post laminectomy back syndrome, lumbar radiculopathy and low back pain. The MRI of the lumbar spine showed spinal stenosis, neural foraminal stenosis, nerves impingement and facet arthropathy. The patient completed PT, home exercise program and epidural steroid injections. There is a past surgery history of lumbar spine surgery. On 9/2/2014, [REDACTED] noted subjective complaint of pain score of 2-6/10 on a scale of 0 to 10. There was mild to moderate tenderness of the lumbar paraspinal muscle with minimal decrease in range of motion tests. The straight leg raising test was negative. There is no medication listed in the current medical records. A Utilization Review determination was rendered on 9/30/2014 recommending non certification for Interferential Unit and Supplies 6 months rental for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Rental of Interferential Unit and Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that Interferential treatment may be of some benefit during the recovery phase of musculoskeletal injury. Interferential treatment is not recommended as an isolated treatment modality but must be incorporated as part of PT or Return to Work Program in patients who cannot utilize or are unresponsive to medications, heat/ice, PT or home exercise programs. The records indicate that the patient had already completed PT, home exercise program and interventional pain program. The most recent clinical records showed subjective and objective findings consistent with mild to moderate pain. There was no documentation of functional limitation or ineffectiveness to medication management. The criteria for 6 months Rental of Interferential Unit with Supplies is not medically necessary.