MAXIMUS Federal Services

Case Number:	CM14-0179850		
Date Assigned:	11/04/2014	Date of Injury:	10/16/2007
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 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:

This is a 60 year old male patient who sustained an injury on 10/16/2007. The current diagnoses include status post left L4-5 micro discectomy with persisting radicular symptoms and Progressive pain and weakness of both lower extremities. Per the doctor's note dated 9/9/2014, patient had H.pylori infection with gastrointestinal symptoms. He had broken TENS unit. The medication list includes omeprazole, tramadol and ibuprofen. He has had lumbar MRI dated 1/16/2008 which revealed moderate disc degeneration and very mild disc space narrowing at L4-5 and L5-Sl, at L5-Sl, a 2-mm disc in the midline, no significant foramioal stenosis, at L4-5, moderate disc degeneration, mild disc space narrowing and a 4-mm central left disc protrusion, no significant foraminal stenosis, at L5-Sl, a mild disc bulge touching but not displacing the left L5 nerve root, mild facet hypertrophy, no compression of the dura or significant foraminal stenosis, at L5-S1 central disc protrusion with a small annular tear, compression of the anterior and left aspect of the dural sac and bitatecal mild foraminal stenosis due to disc anteriorly and facet hypertrophy posteriorly. He has undergone left L4-5 micro discectomy. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of I.F. unit to purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: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; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction."A detailed clinical evaluation note is not specified in the records provided. Per the records provided, any indication listed above is not specified in the records provided. The records provided do not specify a response to previous conservative measures for this injury. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. Response to previous use of TENS unit is not specified in the records provided. The medical necessity for 2 month rental of I.F. unit to purchase is not fully established for this patient at this juncture.