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| Case Number: | CM14-0185049 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 07/28/2014 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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, and is licensed to practice in New Jersey. 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 63-year-old male who reported an injury on 07/28/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar radiculopathy, back pain, lumbar sprain/strain. Previous treatments included medication, chiropractic sessions. Within the clinical note dated 09/16/2014, it was reported the injured worker complained of back pain with stiffness. The injured worker also complains of neck pain with stiffness. He describes the pain as mild and intermittent. The physical examination revealed the patient complained of pain rated 4/10 in severity. The provider indicated the injured worker had a loss of cervical lordosis. There was posterior cervical tenderness noted on the physical examination, neck muscle tenderness, and paracervical and trapezius tenderness. The injured worker had spasms of the thoracolumbar spine and paravertebral musculature. The range of motion of the back was restricted. A request was submitted for interferential unit for rental for 60 days. However, rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for 30 minutes, 3x a day (rental 60 days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for interferential unit for 30 minutes 3 x a day (rental for 60 days) is not medically necessary. The California MTUS Guidelines do not recommend a stim care unit 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. It may possibly be appropriate for the following conditions if documented, that if pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, and there is a history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise program/physical therapy treatment or unresponsiveness to conservative measures. There is lack of evidence in the documentation provided that would reflect diminished effectiveness of medications and a history of substance abuse or any postoperative conditions which would limit the injured worker's ability to perform exercise program/physical therapy treatment. There is lack of documentation indicating the injured worker was unresponsive to conservative measures. Therefore, the request is not medically necessary.