

Case Number:	CM14-0021752		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2010
Decision Date:	08/12/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 injured worker is a 62-year-old male who reported an injury on 02/03/2010. The mechanism of injury was not provided for clinical review. The diagnoses included status post lumbar fusion, insomnia secondary to chronic pain, and status post hardware removal. Previous treatments included physical therapy, surgery, and interferential unit. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of low back pain that radiated to the right lower extremity. He rated his pain 4/10 in severity with medications, and 7/10 in severity without medications. On physical examination, the provider noted range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4-S1 level. Paraspinal muscle spasms were noted on palpation. The provider requested interferential unit; however, rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS). Decision based on Non-MTUS Citation ODG, INTERFERENTIAL STIMULATION.

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

Decision rationale: The injured worker complained of low back pain that radiated in the right lower extremity. He rated his pain 4/10 in severity with medication, and 7/10 in severity without medication. The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication, and limited evidence of improvement on those recommended treatments alone. Randomized trials that have evaluated the effectiveness of this treatment included studies for the back, jaw, soft tissue, shoulder pain, cervical neck and postoperative knee pain. There are no standard protocols for the use of interferential therapy and therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode placement technique. Although the guidelines do not recommend an isolated intervention, patient criteria, if interferential stimulation is to be used include pain ineffectively controlled due to diminished effectiveness of medication, pain ineffectively controlled with medication due to side effects, history of substance abuse, or significant pain with postoperative conditions limits the ability to perform exercise programs, physical therapy treatments or the injured worker is unresponsive to conservative measures. There is a lack of documentation indicating the injured worker was unable to control pain. There is a lack of documentation indicating the injured worker had a history of substance abuse. There is a lack of significant documentation indicating the injured worker had uncontrolled postoperative pain which would not allow him to perform exercise programs/physical therapies and there is a lack of documentation indicating the injured worker was unresponsive to conservative measures. In addition, the request submitted does not specify a treatment site. The request submitted does not specify whether the provider indicated the injured worker to purchase the unit or utilizing it for rental. Therefore, the request is not medically necessary and appropriate.