

Case Number:	CM14-0023224		
Date Assigned:	02/26/2014	Date of Injury:	07/12/2004
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management 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 53-year-old male with a 07/12/2004 date of injury. A specific mechanism of injury was not described. 2/13/14 determination was non-certified given that the medical record did not provide a detailed response to conservative treatment such as oral pharmacotherapy in conjunction with rehabilitation efforts for the injury. 9/11/13 medical report identifies that the patient's H-wave unit failed and did not work anymore, the patient got an X4 stimulator, which is kind of a muscle stimulator plus it is the form of a TENS unit and that has been effective for him. The patient has so much discomfort that he would like to get a bigger unit in the sense of patches, so there would be a bigger effective area to provide treatment as opposed to small patch areas. 9/11/13 medical report identifies that the patient has chronic low back pain with chronic radiculopathy and residual atrophy of the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERSPEC IF IL UNIT AND MONTHLY SUPPLIES FOR LUMBAR: 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: CA MTUS states that there is no quality evidence of effectiveness of an interferential stimulator, except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The patient has low back pain with radiculopathy. He is being managed with medications and apparently physical therapy. He also utilizes an X4 stimulator (muscle stimulator and TENS unit). There is no clear indication that all of these treatment modalities have failed or are ineffectively controlling the patient's pain. There is no rationale for the necessity of an interferential unit. Therefore, the request for interspec IF IL unit and monthly supplies for lumbar is not medically necessary.