

Case Number:	CM14-0023312		
Date Assigned:	06/11/2014	Date of Injury:	10/30/2012
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 55-year-old male with a reported date of injury on 10/30/2012. The mechanism of injury was reported as a motor vehicle accident. The injured worker presented with complaints of low back pain with radiculopathy symptoms. The injured worker rated his pain at 5/10. In the clinical documentation provided for review, the injured worker participated in physical therapy and chiropractic therapy, the results of which are not provided within the clinical information available. In addition, the injured worker has undergone 2 epidural injections. On physical examination, the injured worker's lumbar spine range of motion revealed forward flexion to 38 degrees and extension to 15 degrees, lateral flexion to 20 degrees bilaterally and lateral rotation to 20 degrees bilaterally. The physician indicated that range of motion of all other joints is otherwise within normal limits. The lumbar MRI dated 02/20/2013 revealed evidence of disc dissection at the L5-L1 level with intra-articular facet showing mild degenerative changes. The MRI revealed the diagnosis was chronic lumbar whiplash and strain with L4-5 lumbar spondylolisthesis and radiculopathy. The medication regimen was not provided within the documentation. The Request for Authorization for an interferential unit was submitted on 02/21/2014. The rationale for the request was not provided within the clinical information available for review.

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).

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

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including to return to work, exercise and medications. There are no standardized protocols for the use of interferential therapy; the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time and electrode placement technique. While not recommended as an isolated intervention the patient's selection for interferential stimulation is to be used anyway. The conditions for selection would include pain is ineffectively controlled due to diminished effect of medications, pain is ineffectively controlled with medications due to side effects or a history of substance abuse. In addition, the injured worker would have significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment or is unresponsive to conservative measures. If those criteria are met, then a 1 month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The rationale for the request is not provided within the documentation available for review. The clinical information provided lacks documentation related to the injured worker's functional deficits. In addition, the request, as submitted, failed to provide frequency, duration, directions for use and whether or not the interferential unit was for rent or purchase. The guidelines state that if the criteria are met then a 1 month trial may be appropriate to prevent the physician and physical medicine provider to study the effects of benefits. Therefore, the request for an interferential unit is not medically necessary.