

Case Number:	CM14-0026085		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2013
Decision Date:	12/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 50 year old male with an injury date of 02/06/13. Most treatment reports provided are handwritten and largely illegible. Per the 09/24/13 progress report, the patient presents with lower back pain that does not radiate and right elbow pain. Examination from 12/17/13 shows tenderness of the paraspinals with guarding and positive "Cozens" and Tinel's tests for the right elbow. The patient's diagnoses include: 1. Lower spine "splst" lower extremity "radici" 2. Right elbow lateral epicondylitis. The utilization review being challenged is dated 02/6/14. Reports were provided from 09/06/13 to 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: The patient presents with lower back and right elbow pain. The treating physician requests for Inferential Unit Purchase. The date of this request is not stated in the

reports provided for independent review. The Utilization review of 02/26/14 states the RFA is dated 02/21/14. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The treating physician does not discuss this request. The reports provided appear to show that the requested unit would not be an isolated intervention as the patient is prescribed medications and chiropractic therapy in addition to undergoing a home exercise program. However, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions as required by MTUS. Furthermore, there is no documentation that the patient has trialed one-month use at home. Therefore the request is not medically necessary.