

Case Number:	CM14-0029323		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2007
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Illinois. 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 40-year-old male who reported an injury on 07/24/2007. The injured worker complained of low back pain with pain radiating down to bilateral lower extremities and frequent muscle spasms. Pain was rated 7/10 with medication and 9/10 without medication. On physical exam dated on dates 02/27/2014 there was spasms noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. Motor exam showed decreased strength in the bilateral lower extremities. The medications included tizanidine, tramadol, and ibuprofen. The injured worker diagnoses are failed back syndrome, lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion lumbar spine, and chronic pain. The injured workers treatments/diagnostics, MRI of the lumbar spine dated 04/02/08 revealed straightening of normal lordotic curvature, usually secondary to muscle spasm. There was a disc desiccation with 4.5mm protrusion disc at the L3-4 level causing pressure over the anterior aspect of the thecal sac. There was a 3mm central posterior disc protrusion at the T11-12 level causing pressure over the anterior aspect of the thecal sac. The injured worker was given a toradol 60mg/B12 1000mcg injection for acute pain on 02/27/2014. Treatment plan was for interferential unit lumbar spine 30 day rental. The authorization form 02/07/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Lumbar Spine, 30 Day Rental: 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 Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request for the interferential unit for lumbar spine 30-day rental is non-certified. The California Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrotherapy is not recommended as a primary therapy, but a one-month trial may be considered as a conservative option if used in conjunction with a program of evidence-based functional restoration. Guidelines indicates there should be a documented treatment plan including the specifics of a short-and long term goals of the treatment with transcutaneous electrotherapy as well as updates on the effectiveness of the therapy. The random trials that have been evaluated for the effectiveness of electrotherapy have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and knee pain. The finding from these trials were either negative or insufficient for recommendation. There is insufficient literature to support interferential current stimulation for treatment of chronic pain of the cervical neck, back, soft tissue shoulder, and knee pain as such the request submitted is non-certified.