

Case Number:	CM14-0031323		
Date Assigned:	04/09/2014	Date of Injury:	07/07/2013
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 patient is a 53 year-old male busboy/bartender who sustained a low back injury when trying to catch umbrellas knocked over by the wind on 7/7/13 while employed by [REDACTED]. Request under consideration include DME: Interferential Unit(IF). Diagnoses list Lumbosacral Radiculopathy; right-side sciatica. Conservative care has included medications, physical therapy, and modified restrictions; however, last works in October 2013. Report of 1/12/14 from a provider noted patient with complaints of right leg sciatica with burning sensation and numbness and tingling; has history of peripheral neuropathy. Medications list Flexeril, Prednisone, Tramadol, Gabapentin, and Nortriptyline which are not helping the sciatica or peripheral neuropathy. Exam showed right hip tenderness with normal strength; lumbar spine without tenderness, swelling or edema. Initial exam noted patient was not able to move whatsoever; however, when had rectal exam, was able to ambulate and lean over without trouble; DTRs 2+ symmetrical; normal SLR; normal gait; and normal strength. Treatment plan included medications. EMG/NCV of the lower extremities was normal on 3/12/14. Report of 12/5/13 from the provider noted patient with continuous low back pain radiating to legs and feet with some weakness, difficulty sleeping and maintaining erection. Past medical history include Hepatitis C (tattooing), arthritis and neuropathy diagnosed in 2011. Exam showed tenderness and lumbar spasm with limited range with intact motor strength, decreased sensation right L5 with negative SLR and Lasegue bilaterally. Request for IF unit above was non-certified on 1/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: INTERFERENTIAL UNIT(IF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a rental/purchase of an interferential unit for home use for this low back injury. The request for an Interferential Unit(IF) is not medically necessary and appropriate.