

Case Number:	CM14-0031343		
Date Assigned:	06/20/2014	Date of Injury:	08/20/2012
Decision Date:	07/21/2014	UR Denial Date:	03/09/2014
Priority:	Standard	Application Received:	03/12/2014

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 Pain Medicine and is licensed to practice in Texas. 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 58 year old female whose date of injury is 08/20/2012. The injured worker sustained a low back injury secondary to bending down to put away shoes in the stockroom. Follow up note dated 02/27/14 indicates that she has left back and hip pain posteriorly and thigh pain rated as 8-10/10. Treatment to date is noted to include physical therapy and medication management. Diagnoses are grade 1-2 spondylolisthesis at L3-4, borderline instability at L3-4, disc protrusions at multiple levels and left thigh radiculopathy/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Months Rental of Interferential unit between 3/7/2014-4/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential current stimulation, pages 118-120 Page(s): 118-120.

Decision rationale: Based on the clinical information provided, the request for two month rental of interferential unit between 03/07/2014 and 04/21/2014 is not recommended as medically necessary. There were no specific, time-limited treatment goals provided as required by CA

MTUS Guidelines. The injured worker reportedly underwent prior conservative treatment including physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS); however, the injured worker's objective functional response to this treatment is not documented. Therefore, this request is not in accordance with CA MTUS Guidelines, and medical necessity is not established.