

Case Number:	CM14-0035615		
Date Assigned:	06/23/2014	Date of Injury:	11/16/2013
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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, Pain Medicine and is licensed to practice in New York and 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 41 year old male whose date of injury is 11/16/13. The mechanism of injury is described as pushing a countertop into place. Treatment to date includes medication management, activity modification, physical therapy and chiropractic care. Lumbar MRI dated 01/24/14 revealed L3-4 mild to moderate left foraminal stenosis, L4-5 mild left lateral recess stenosis near the left L5 nerve root and mild bilateral foraminal stenosis, L5-S1 mild to moderate left and mild right foraminal stenosis. Note dated 02/17/14 indicates that chief complaint is low back pain radiating to the right foot, neck pain radiating to both hands, mid back pain, pain to both testicles. Impression and working diagnosis notes lumbosacral sprain/strain with radiculitis, cervical sprain/strain with radiculitis, thoracic strain/sprain, bilateral inguinal ligament strain, diabetes and post-traumatic gastritis.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: Based on the clinical information provided, the request for interferential unit is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of the unit as required by CA MTUS guidelines to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request is not in accordance with CA MTUS Guidelines and medical necessity is not established.