

Case Number:	CM14-0044290		
Date Assigned:	07/02/2014	Date of Injury:	09/04/2012
Decision Date:	12/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 48-year-old male with a 9/4/12 date of injury. At the time (3/13/14) of request for authorization for IF unit rental, there is documentation of subjective (pain in the left hip, lower back, bilateral shoulders, left heel, and left buttocks; constant neck pain, limited and painful mobility of the neck, bilateral shoulder pain) and objective (antalgic gait; increased pain in the right paraspinal and right trapezius that radiates into the right posterior upper arm with head extension, lumbar tenderness over the left paraspinals which extends into the anterior left hip) findings, current diagnoses (lumbosacral chronic sprain/strain superimposed on underlying degenerative disc disease and facet spondylosis, lumbar spine multilevel disc and facet degenerative changes and multilevel foraminal narrowing, most severe on the left L5-S1 per MRI 12/16/12, left hip joint pain, left hip degenerative changes), and treatment to date (physical therapy, epidural steroid injections, activity modification and medications). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of lumbosacral chronic sprain/strain superimposed on underlying degenerative disc disease and facet spondylosis, lumbar spine multilevel disc and facet degenerative changes and multilevel foraminal narrowing, most severe on the left L5-S1 per MRI 12/16/12, left hip joint pain, left hip degenerative changes. In addition, there is documentation of limited evidence of improvement on recommended treatments alone. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications. Therefore, the request for IF unit rental is not medically necessary, based on guidelines and a review of the evidence.