

Case Number:	CM14-0046242		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2003
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Interventional Spine 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 67 year old female with date of injury 10/11/04. The treating physician report dated 6/5/14 is hand written and difficult to read. The patient presents with worsening back pain radiating to legs, hands are swollen, painful and numb. Examination findings include L5 tenderness and pain, positive SLR and thenar atrophy. The current diagnoses are: 1. Lumbar s/s with bilateral lower extremity radicular2. L4-S1 1-2mm disc bulge3. Facet degeneration L3-S1The utilization review report dated 3/27/14 modified the request for interferential supplies 1 month rental and additional 3 months rental if effective; convert rental to purchase to a one month trial of a home TENS unit based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential, supplies, 1 month rental & additional 3 months rental if effective; convert rental to purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electric nerve stimulator unit (TENS) Page(s): 120- 121, 116.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine with radiating pain affecting the bilateral lower extremities. The current request is for interferential supplies 1 month rental and additional 3 months rental if effective; convert rental to purchase. There is only one treating physician report submitted for this review. The 6/5/14 report states that the patient requires aquatic therapy and a possible injection. The rest of the treatment plan is indecipherable. The utilization review report dated 3/27/14 comments on a treating physician report dated 3/11/14 that indicates the patient has 4/10 pain with medications and 7/10 without medications. The treatment request was for arm physical therapy, Motrin, an interferential, and supplies. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted and MTUS does not support this modality. The request is not medically necessary.