

Case Number:	CM14-0054552		
Date Assigned:	07/09/2014	Date of Injury:	03/25/2012
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 51 year-old female who was reportedly injured on 3/25/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 12/11/2013, indicates that there are ongoing complaints of low back pain that radiates into the left lower leg. The physical examination demonstrated lumbar spine: limited range of motion. Neurological examination is normal. Stretch tests are positive. Positive tenderness to palpation across the midline of the lumbar spine extending into the left side. Left sacroiliac joint is tender, left sided lumbar muscles are tender and guarded with muscle spasm. The recent diagnostic studies are available for review. Previous treatment includes physical therapy and medications. A request was made for interferential unit, supplies for interferential unit, physical therapy lumbar spine #8 sessions, your toxicology and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167, Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support Interferential Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an Interferential Unit one-month trial. As such, this request is not medically necessary.

Supplies for IF unit (months) QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167, Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support Interferential Therapy as an isolated intervention. The request for an interferential unit has not been authorized therefore, the request for supplies for interferential unit is deemed not medically necessary.

Physical Therapy QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98,99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has complaints of low back pain that radiates into the left lower leg and review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy visits. Therefore lacking pertinent documentation supporting the need for additional physical therapy, this request is deemed not medically necessary.

Urine Tox QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 43, 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: Urine toxicology screening is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. After review of the medical records provided I was unable to identify any controlled substances that the injured worker was taking that would necessitate this test. Therefore the recommendation for urine toxicology screening is deemed not medically necessary.