MAXIMUS Federal Services

Case Number:	CM14-0055404		
Date Assigned:	07/07/2014	Date of Injury:	07/27/2013
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
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 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:

The patient is a 29 year-old male with date of injury 07/27/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/13/2014, lists subjective complaints as pain in the low back. Primary treating physician's progress report (PR-2) supplied for review is handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation throughout the paraspinal musculature. Range of motion is decreased in all planes secondary to pain. Sensory tests revealed mild decrease in sensation along the S1 dermatome on the right. Diagnosis: 1. Lumbar musculoligamentous sprain/strain 2. Lumbar myospasm 3. Lumbar disc protrusion. Patient underwent an MRI on 10/25/2013 which showed mild disc desiccation with a right-sided intrathecal protrusion at the L4-5 level encroaching on the ventral aspect of the thecal sac as well as the right-sided intrathecal nerve roots. Previous treatments include medication, chiropractic care, home exercise, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stim 2 Chan: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. 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. A transcutaneous electrical nerve stimulation (TENS) unit without interferential current stimulation is the recommended treatment by the MTUS. The medical record fails to document why inferential stimulation would be required, as opposed to the preferred treatment of a TENS unit.