

Case Number:	CM14-0057176		
Date Assigned:	09/03/2014	Date of Injury:	11/16/2013
Decision Date:	11/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 Emergency 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 injured worker is a 42-year-old male who reported an injury on 11/16/2013 due to lifting a granite top with a coworker; he felt pain to the low back region accompanied with a cracking noise. Diagnoses were lumbosacral strain/sprain with radiculitis, rule out disc herniation, cervical strain/sprain with radiculitis, rule out disc herniation, thoracic strain/sprain, bilateral inguinal ligament strain, diabetes with exacerbation secondary to the above post-traumatic gastritis secondary to the above. Past treatments were not reported. The injured worker had an MRI of the lumbar spine without contrast on 01/24/2014 that revealed disc degeneration was mild from moderate at the L5-S1 as well as mild at L3-4 and L5-S1, prevertebral spondylosis was mild to moderate at T11-12; reactive marrow edema is mild at L5-S1. L3-4 mild to moderate left foraminal stenosis. L4-5 mild left lateral recess stenosis near the left L5 nerve root, mild bilateral foraminal stenosis. There was no surgical history reported. The injured worker had a physical exam on 02/17/2014 that revealed complaints of low back pain that radiated to the right foot, neck pain that radiated to both hands, mid back pain, pain in both testicles, stomach pain on medications, poor concentration, nervousness, difficulty sleeping, and decreased sexual libido. Deep tendon reflexes were decreased on the right and the left in the upper and the lower extremities. Range of motion was normal in the bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hips, bilateral knees, and bilateral ankles. Examination of the cervical spine revealed tenderness palpated along the spinous processes of the C3 through C7 and bilateral paraspinous structures of the C3-7. There was tenderness to palpation of the thoracic spine along the spinous processes of T8 through T12 and bilateral paraspinous structures of T8-12. Examination of the lumbosacral spine revealed tenderness palpated along the spinous processes of L1 through L5 and bilateral paraspinous muscles from L3-5. Lumbosacral junction and bilateral PSIS were also tender. There was decreased lumbar lordosis. The medical records were

reviewed. Treatment plan was for interferential unit. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The request for an interferential unit is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend a Stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled by medications, medication intolerance, history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise program/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs/physical therapy treatment. It was unclear if the injured worker was unresponsive to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition which would demonstrate deficits needing to be addressed as well as establish a baseline by which to assess objective functional improvement over the course of therapy. The request does not indicate how often the injured worker is to use the unit or for how long. The request does not indicate if this unit is for purchase or rental also. Therefore, this request is not medically necessary.