

Case Number:	CM14-0064409		
Date Assigned:	07/11/2014	Date of Injury:	12/31/2008
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 70-year old male who has reported an injury to his low back. The clinical note dated 03/06/14 indicates the injured worker utilizing Gabapentin for ongoing pain relief. The injured worker was also utilizing hydrocodone. The note indicates the injured worker having previously undergone a laminectomy at L3. However, the injured worker reported residual radiculopathy to include radiating pain as well as weakness in the lower extremities. The injured worker rated his pain as 4-9/10 at that time. Upon exam, the injured worker was able to demonstrate 30 degrees of lumbar flexion with 15 degrees of extension. Reflex deficits were identified in both lower extremities at the patella and Achilles regions. The utilization review dated 04/16/14 resulted in a denial for the use of an interferential unit as insufficient information had been submitted supporting the use of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec -IF II Device and Supplies (Interferential/Neuromuscular Stimulator): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The documentation indicates the injured worker complaining of low back pain despite a previous surgical intervention. The use of an interferential device is indicated provided the injured worker meets specific criteria to include ongoing conservative treatments are to be utilized in addition to the interferential intervention. No information was submitted regarding the injured worker's ongoing conservative treatments addressing the low back complaints. Therefore, it is unclear if the injured worker would benefit from the use of the proposed device. The request for Interspec-IF II device is not medically necessary.