

Case Number:	CM14-0069807		
Date Assigned:	07/14/2014	Date of Injury:	03/31/2013
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This 42 year old patient had a date of injury on 3/31/2013. The mechanism of injury was repeated activity of wearing a heavy gun belt(25 lbs), repetitive bending, stooping and getting in and out of the patrol car, as well as heavy lifting, including a 200 lb suspect. In a progress noted dated 4/8/2014, subjective findings included pain in lower back radiating to left leg, with pain of 2/10. On a physical exam dated 4/8/2014, objective findings included antalgia on the left, tenderness to palpation noted over the paravertebral musculature, and facet tenderness to palpation over the L4-S1 levels. Diagnostic impression shows lumbar disc disease, lumbar facet syndrome, left sacroiliac joint arthropathy. Treatment to date: physical therapy, behavioral modification. A UR decision dated 4/28/2014 denied the request for ,Interferential unit 2 month rental. electrodes #8, power pak X24, adhesive remover towel mint #32, and TT&SS leadwire, stating that there is limited evidence of pain relief and objective/functional benefit from prior electrical stimulation. There is no mention the device requested will be used in adjunct with skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit 2 month rental; electrodes, quantity 8; power pack, quantity 24; adhesive remover towel mint, quantity 32 and TT & SS leadwire: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. The guidelines state that interferential current stimulation 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. In a progress note dated 4/8/2014, the patient rates his pain as 2/10, and is noted to not have any prior surgeries. Furthermore, the patient is not documented to have a substance abuse program. In addition, there is no documentation of failure of a TENS unit. Therefore, the request for Interferential unit 2 month rental; electrodes, quantity 8; power pack, quantity 24; adhesive remover towel mint, quantity 32 and TT & SS leadwire is not medically necessary.