

Case Number:	CM14-0072591		
Date Assigned:	07/16/2014	Date of Injury:	08/24/1993
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 72-year-old man who sustained a work-related injury on August 24, 1993. Subsequently, he developed chronic back and right leg pain. According to a progress report dated February 11, 2014, the patient reported benefits from previous lumbar steroid injections, however these benefits had recently worn off. The patient was having increased low back pain, radiating into the bilateral lower extremities, right greater than left with difficulty with activity of daily living. The patient had previously undergone epidural injections, which often gave greater than 6 months pain relief. The last injection received was in May of 2013. Following this injection, the patient reported 90% pain improvement, which lasted upwards of nine months. During this time, the patient was able to decrease the over the counter pain medications. His physical examination demonstrated antalgic gait favoring the right lower extremity. There was decreased range of motion, secondary to pain. There was pain to palpation over the lumbar musculature with mild muscle rigidity. There was dysesthesia noted to pinwheel in the right L5 dermatome. The straight leg raise was mildly positive on the right, causing axial back pain. The patient was diagnosed with multilevel lumbar spondylosis and lumbar radiculopathy. The treatment plan included home exercise, walking program, and single lumbar ESI at the L5-S1 level for returning radicular symptoms. The patient was treated with Tramadol, Motrin, Lidoderm patches, and orthogel. The Urine Drug Screen (UDS) collected on April 30, 2014 documented a negative result for narcotics and was consistent with prescribed medications. The provider requested authorization for 6 Month Rental of Interferential (IF) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Rental of Interferential (IF) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

Decision rationale: According to MTUS guidelines, 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- 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 (e.g., repositioning, heat/ice, etc.)In this case, there is no clear evidence that the patient did not respond to conservative therapies, or have pain that limit his ability to perform physical therapy. There is no clear documentation of failure of pharmacological treatments or TENS therapy. Therefore the request is not medically necessary and appropriate.