

Case Number:	CM14-0072806		
Date Assigned:	07/16/2014	Date of Injury:	08/20/2012
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 08/20/2012. The injured worker reportedly sustained a lower back strain while placing shoes on a rack. The current diagnoses include spondylolisthesis at L3-4, borderline instability at L3-4, disc protrusion in the lumbar spine, and left lower extremity radiculopathy/radiculitis. The latest physician progress report submitted for this review is documented on 02/27/2014. The injured worker presented with complaints of worsening lower back pain and left lower extremity numbness and weakness. Previous conservative treatment includes anti-inflammatory medication, physical therapy, activity modification, and pain management. The current medication regimen includes hydrocodone and gabapentin. Physical examination revealed tenderness to palpation of the lumbar spine, paraspinal muscle spasm, limited range of motion, diminished strength in the left lower extremity and diminished sensation in the left lower extremity. Treatment recommendations at that time included continuation of the current medication regimen and a request for interferential therapy. There was no DWC form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month Rental of an Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state Interferential Current Stimulation (ICS) is not recommended as an isolated intervention but a 1 month home based trial may be considered as a noninvasive conservative option. ICS should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care and TENS therapy. However, there was no documentation of this injured worker's active participation in a functional restoration program to be used in conjunction with ICS. Additionally, guidelines recommend a 1 month trial prior to a unit purchase or an extension of treatment. Therefore, the current request for a 2 month rental cannot be determined as medically appropriate. As such, the request is not medically necessary.