

Case Number:	CM14-0079023		
Date Assigned:	07/18/2014	Date of Injury:	01/19/2013
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/29/2014

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 Psychiatry 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 patient is a 66-year-old man who sustained a work-related injury on January 19, 2013. Subsequently he developed with the bilateral lower extremity pain. The patient was treated with physical therapy, injection bracing. The patient underwent arthroscopic repair of the left knee. His MRI of the right knee performed on February 4, 2014 was normal. According to a progress note dated March 16, 2014, the patient was reported to complain of low back pain radiating to both lower extremities. The pain was exacerbated by walking and prolonged weightbearing. The pain severity was rated at 7/10. His physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raise and sciatic notch tenderness bilaterally. The patient was diagnosed with lumbar facet syndrome, status post left knee arthroscopic repair, and internal derangement right knee. The provider requested authorization for 14 day rental of an IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit 14 day rental: 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(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. 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.)."There is no clear evidence that the patient did not respond to conservative therapies, or have post operative pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used will as a part of a rehabilitation program. In Addition, there is limited evidence supporting the use of neuromuscular stimulator for chronic pain. Therefore, the request for IF unit, 14 day rental is not medically necessary.