

Case Number:	CM14-0079723		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2009
Decision Date:	08/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation 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:

The injured worker is a 49-year-old female who reported an injury after she tripped and fell March 20, 2009. The clinical note dated May 12, 2014 indicated diagnoses of therapeutic drug monitor, longterm use of medications syndrome, postlaminectomy lumbar-status post L4 fusion dated November 2012, pain in joint of lower leg-left knee, carpal tunnel syndrome-status post bilateral carpal tunnel reverse, and pain in joint of hand-left thumb. The injured worker reported chronic low back pain, bilateral knee, bilateral hip, and left hand pain. The injured worker reported she was stable on morphine ER; however, she had a rash and had itchiness that had subsided and she was tolerating the morphine well without side effects. She reported she would like to continue with the morphine. The injured worker reported taking 1 tab 3 times a day. The injured worker reported other people were able to take her to her appointments. The injured worker reported she had an increase in hip pain that was not being controlled effectively with the morphine. The injured worker reported she was starting the functional restoration program. The injured worker reported she would continue with physical therapy for her wrist while in the program. On physical examination, the injured worker had an antalgic gait. There was tenderness in the right hip and subtrochanteric bursa. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included morphine and mirtazapine. The provider submitted a request for interferential (IF) unit with supplies. A Request for Authorization dated May 12, 2014 was submitted for IF unit with supplies; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: The California MTUS guidelines do not recommend the use of interferential current stimulation (ICS) 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 provider did not indicate a rationale for the request. In addition, it was not indicated whether the unit was to be used as an adjunct to an evidence-based program of functional restoration. Moreover, the request did not indicate a timeframe or body part for the unit. Therefore, per the California MTUS Guidelines the request for IF unit with supplies is not medically necessary.