

Case Number:	CM14-0089074		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2013
Decision Date:	09/11/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 39 year old male who sustained an injury to his low back on 05/15/13. A clinical note dated 04/01/14 reported that the injured worker continued to complain of low back pain. He stated that his symptoms and pain in the low back area are still the same. The pain radiates to the buttock area that the injured worker describes as sharp and interferes with his activities of daily living and sleep. Magnetic resonance image of the lumbar spine reportedly revealed mild bilateral foraminal narrowing at L5-S1, but with patent neuroforamen; posterior annular tear at L5-S1 The injured worker has been taking naproxen and tramadol along with some topical compounds and medications that give him some relief without side effects. Physical examination of the lumbosacral spine noted significant tenderness over the L4-5, L5-S1 facet area bilaterally, but more pronounced on the right side; facet loading positive for pain in the lower lumbar region; straight leg raise negative; sensation appears to be grossly intact in the bilateral lower extremities. The injured worker was diagnosed with lumbar spine sprain/strain, on and off referred pain to back part of the left thigh up to the level of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of an Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that while transcutaneous electrical nerve stimulation may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for 1 purchase of an interferential unit is not indicated as medically necessary.