

Case Number:	CM14-0095960		
Date Assigned:	07/25/2014	Date of Injury:	02/26/2008
Decision Date:	12/31/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pain Medicine, has a subspecialty in Pain Medicine, 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:

This is a 39-year-old male who sustained a remote industrial injury on 2/26/08, diagnosed with lumbar myoligamentous injury with associated facet arthropathy and spondylolisthesis at L5-S1; cervical myoligamentous injury. Mechanism of injury is not documented. Previous treatment includes: multiple medications, physical therapy, and injection therapy. The request for an interferential unit trial was non-certified on utilization review dated 6/4/14, as there were no subjective complaints or objective findings to support the need for the device. The most recent progress note provided is 4/29/14. Patient complains primarily of low back pain that is rated as 7/10 on pain scale; pain remains mostly axial in nature. Pain is aggravated when he attempts to straighten or extend his lower back. The patient had a facet rhizotomy at bilateral L3, L4 and L5 on 9/30/13 with up to 80% relief and functional improvement; the effects lasted six months, enabling the patient to work. Physical exam findings reveal tenderness to palpation in the low back and sciatic notch region; there are trigger points and taut bands with tenderness. Pain produced with facet loading in the lower back. He has decreased range of motion in the low back. Sensation is decreased to pinprick in the lateral thigh and calf. Straight leg raise in the sitting position is mildly positive on the left. Current medications include: Norco, Anaprox, Zantac, and Fexmid. Provided documents include an Agreed Medical Evaluation dated 4/16/14 and prior progress notes. Imaging studies provided referenced most recent lumbar MRI dated, 11/1/12. MRI revealed multilevel disc protrusions and foraminal stenosis at L3-4 and facet hypertrophy and arthropathy is at L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, trial basis: 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 Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS regarding interferential current stimulation, guidelines state it is not recommended as an isolated intervention, though may be considered if "Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." Documentation identifies the request was previously non-certified due to lack of documentation. Available documentation does identify recent conservative treatment in the last eight months, as the most recent progress note is dated 4/29/14. Additionally, there are no current exams within the last six months to identify the patient's current complaints or objective findings to support the interferential unit. Therefore, the requested interferential unit, trial basis is not medically necessary.