

Case Number:	CM14-0096286		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2007
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56 year old gentleman was reportedly injured on 3 January 2007. The mechanism of injury was noted as lifting a drinking fountain. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of lumbar spine pain. Current medications include Norco and Flexeril. The physical examination demonstrated a wide based gait with ambulation and tenderness of the lumbar paravertebral muscles as well as facet tenderness from L4 through S1. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed facet arthropathy at L4 to L5 and L5 to S1. Previous treatment is unknown. A request was made for reprogramming of an inferential unit and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reprogramming of Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not support interferential therapy as an isolated intervention. The guidelines will support a one month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. The most recent progress note, dated June 4, 2014, does not even indicate prior usage of an inferential unit for any potential benefit from it. As such, this request for reprogramming of an inferential unit is not medically necessary.