

Case Number:	CM13-0009950		
Date Assigned:	01/15/2014	Date of Injury:	04/08/2009
Decision Date:	03/09/2015	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 This 48 year old man sustained an industrial injury on 4/8/2009 while pulling a pallet jack. Current diagnoses include low back pain, chronic foot pain, peripheral neuropathy, chronic regional pain syndrome, and fibromyalgia. Evaluations include a lumbar MRI from 2013 showed moderate to severe disc degeneration, broad based disc bulges, and no stenosis. Electromyogram (EMG) and nerve conduction studies from 12/2010 were negative for radiculitis, but did show chronic changes. Treatment has included oral medications, cortisone injections, spinal cord stimulator, foot strapping, crutch and controlled ankle motion (CAM) walker use, acupuncture, and electrostimulation to the bilateral feet and ankles. Podiatrist notes dated 4/12/2013 to 7/2/2013 show complaints of chronic foot pain. Electrostimulation appears to be performed to the bilateral feet and ankles for ten minutes at each of the above listed visits, including 6/18/13 which is the treatment date at issue. Examination showed tenderness to palpation at the bilateral plantar and posterior heels and ankle, with both feet hypersensitive to light touch, and mild edema of both feet and ankles. The treating physician documented that the injured worker gets transient decrease in pain following each treatment lasting for 1-2 days. Work status was temporarily totally disabled. On 7/9/2013, Utilization Review (Utilization Review) evaluated a prescription for electrostimulation to bilateral foot and ankle for 10 minutes. The UR physician noted that the request was a retrospective request for treatment provided at the physician's office. The MTUS was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROSTIMULATION TO BILATERAL FOOT AND ANKLE OR 10 MINUTES, RETRO, 6/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): p. 114-121. Decision based on Non-MTUS Citation knee and leg chapter: interferential current therapy

Decision rationale: The injured worker had diagnoses which included chronic foot pain, peripheral neuropathy, and chronic regional pain syndrome. The treatment at issue was electrostimulation administered by a podiatrist; the electrostimulation is presumed to represent interferential current stimulation. Per the MTUS, this modality is not recommended as an isolated intervention. It may be used in association with exercise and medications. 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 injured worker does not have any of these conditions. There are no standardized protocols for the use of interferential therapy. The ODG notes that interferential current therapy is not recommended for chronic pain. There was no documentation of functional improvement as a result of the electrostimulation treatment received. Although the podiatrist documented that the injured worker had transient decrease in pain following each treatment lasting for 1-2 days, there was no documentation of improvement in activities of daily living, work status remained temporarily totally disabled, and office visits continued at the same frequency. The request for electrostimulation to bilateral foot and ankle for 10 minutes, retro, 6/18/13 is not medically necessary.