

Case Number:	CM13-0024603		
Date Assigned:	11/20/2013	Date of Injury:	01/20/2006
Decision Date:	11/10/2015	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/16/2013

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: California
 Certification(s)/Specialty: Emergency 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 is a 48 year old male who sustained a work-related injury on who sustained a work-related injury on 1-20-06. On 5-28-13 the injured worker reported low back pain. He was status post L4-5 and L5-S1 decompression and fusion. He had well-healed surgical scars. He had flexion to 40 degrees, extension to 10 degrees and negative straight leg raise. Medical record documentation on 7-23-13 revealed the injured worker was being treated for radiculitis-neuritis of the thoracic or lumbar spine and L3-4 stenosis. Handwritten objective findings were difficult to decipher. The injured worker's subjective complaints were unchanged. Requests for 2 month rental of interferential unit, purchase of 8 packs of electrodes, 24 power packs, 32 adhesive remover towels and 1 TT7SS lead wires for the management of chronic back pain and 8 physical therapy sessions for the lumbar spine as an outpatient were submitted. On 8-15-13 the Utilization Review physician determined 2 month rental of interferential unit, purchase of 8 packs of electrodes, 24 power packs, 32 adhesive remover towels and 1 TT7SS lead wires for the management of chronic back pain and 8 physical therapy sessions for the lumbar spine as an outpatient were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) month rental of Interferential unit, Purchase of 8 packs of electrodes, 24 power packs, 32 adhesive remover towels and 1 TT7SS lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Two (2) month rental of Interferential unit, Purchase of 8 packs of electrodes, 24 power packs, 32 adhesive remover towels and 1 TT7SS lead wires, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is Not recommended 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker was being treated for radiculitis-neuritis of the thoracic or lumbar spine and L3-4 stenosis. Handwritten objective findings were difficult to decipher. The injured worker's subjective complaints were unchanged. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Two (2) month rental of Interferential unit, Purchase of 8 packs of electrodes, 24 power packs, 32 adhesive remover towels and 1 TT7SS lead wires is not medically necessary.

Eight (8) physical therapy sessions for the lumbar spine 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested eight (8) physical therapy sessions for the lumbar spine 2 times per week for 4 weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker was being treated for radiculitis-neuritis of the thoracic or lumbar spine and L3-4 stenosis. Handwritten objective findings were difficult to decipher. The injured worker's subjective complaints were unchanged. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical

necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, eight (8) physical therapy sessions for the lumbar spine 2 times per week for 4 weeks is not medically necessary.