

Case Number:	CM14-0100890		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2011
Decision Date:	03/09/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 55 year old female who suffered a work related injury on 02/06/11. Per the physician notes from 06/10/14 she complains of frequent aching pain in the low back with radiation to the bilateral lower extremities as well as frequent aching in her right hip. Her pain is rated at 7/1 without medications, and 5/10 with medications. Diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy and right hip pain. The treatment plan includes Tramadol, chiropractic and aquatic therapy, pain management consultation, inferential unit, bilateral hip x-rays and EMG/NCV of the bilateral lower extremities. On 06/19/14 the inferential unit was non-certified by the Claims Administrator citing the MTUS as no documentation of a trial period was provided. The non-certified treatment was subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (Unspecified if for purchase or rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

Decision rationale: Interferential Unit (Unspecified if for purchase or rental) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The request does not specify whether this is a trial or purchase. For these reasons the interferential unit is not medically necessary.