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| Case Number: | CM14-0135360 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 05/11/2014 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 (IW) is a 37-year-old male who sustained an industrial injury to the low back on 05/11/2014 due to lifting. Diagnoses include lumbar spine sprain/strain with spasms and low back pain. Treatments to date include medications and physical therapy (PT). MRI of the lumbar spine dated 6/24/14 showed mild to moderate foraminal narrowing at L3-4 through L5-S1. According to the progress notes dated 6/4/14, the IW reported sharp pain in the low back, neck and bilateral heels; the back pain radiated down the legs to the heels. The IW stated the PT was not working; however, Flexeril helped the muscle spasms, until the effects wore off. He indicated one of the medications caused nausea he wasn't sure which one. A request was made for an interferential unit and supplies for one to two months' rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit & supplies 1-2 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 05/15/14), Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to the MTUS, interferential stimulation is: possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e. g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate 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. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the worker continues to have significant pain despite several conservative measures including PT, ice, heat, and medications. However, the request for 1-2 months rental is not reasonable since a one month trial is necessary to determine if continued use will be beneficial.