

Case Number:	CM14-0146407		
Date Assigned:	09/12/2014	Date of Injury:	06/29/2006
Decision Date:	01/23/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery and is licensed to practice in Florida. 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 injured worker is a 58-year-old female who reported an injury on 06/29/2006. The mechanism of injury was not included. Her diagnoses included herniated nucleus pulposus of the cervical, thoracic, and lumbar spine, stress, insomnia, rule out fibromyalgia, and fatigue. Past treatments have included pain medication, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants, injections, and acupuncture. A Sudoscan, dated 08/20/2014, was provided. Her surgical history was not included. The most recent progress note received, dated 06/05/2014, noted the injured worker complained of persistent pain to her mid and low back, with numbness and weakness of the lower extremities on the right greater than left side. Her pain was rated an 8/10 without medication, and a 5/10 with medication. The physical examination noted the injured worker to be crying during the exam, and noted muscle spasm over the cervical spine without tenderness, stiffness of the facet joints over the thoracolumbar spine, with guarding, and inability to perform range of motion. Current medications included Tramadol 50 mg twice daily, Diclofenac 100 mg twice daily, Omeprazole 20 mg daily, cyclobenzaprine 7.5 mg at bedtime, and mirtazapine 15 mg at bedtime. The treatment plan recommended continuing medications, acupuncture, a pain management consultation, and a psychological evaluation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Current Stimulation Unit: Upheld

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

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

Decision rationale: The request for interferential current stimulation unit is not medically necessary. The injured worker had mid to low back pain with numbness and weakness of her lower extremities. The California MTUS Guidelines indicate interferential current stimulation is not recommended as an isolated intervention. There is a lack of evidence to support their efficacy. A one month trial may be appropriate to permit the physician and physical medicine providers to study the effects and benefits, when the patient has been unresponsive to conservative measures or intolerant of medications. There is a lack of documentation of concurrent active therapies for functional restoration. Furthermore, there is a gap in the documentation provided from 06/2014 to the present to demonstrate the injured worker's current condition. As such, a one month trial, or purchase, of the interferential current stimulation unit is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.