

Case Number:	CM14-0172358		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2014
Decision Date:	04/01/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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: California, Washington

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

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 54-year-old male who reported an injury on 01/22/2014. The mechanism of injury involved a fall. The current diagnoses include lumbar spine sprain/strain with right lower extremity radiculitis and hypertension. The injured worker presented on 09/08/2014 for a followup evaluation with complaints of constant low back pain. Upon examination, there was paravertebral muscle tenderness, decreased lumbar range of motion, negative straight leg raise, positive Kemp's sign, positive SI stress test, increased pain with right SI joint palpation, positive faber test, and a positive limp on the right. Recommendations at that time included a course of acupuncture, a pain management consultation for the lumbar spine, continuation of the home exercise regimen, and continuation of the current medication regimen of Norco 2.5/325 mg and Norflex 100 mg. A request was also submitted for an interferential current stimulation unit. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Inferential Current Stimulation (ICS) Page(s): 115, 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatment. There should be documentation of pain that is ineffectively controlled due to diminished effectiveness in medications or side effects, a history of substance abuse, significant pain from postoperative conditions, or a failure of conservative treatment. In this case, there was no evidence of a failure to respond to conservative measures including active rehabilitation and TENS therapy. A successful 1 month trial was not documented prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

Pain Management Consultation, second diagnostic ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no documentation of lumbar radiculopathy upon examination. It is unclear whether the injured worker reported an improvement in symptoms or function with the previous epidural steroid injection. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.