MAXIMUS Federal Services

Case Number:	CM14-0189006		
Date Assigned:	01/02/2015	Date of Injury:	07/27/2012
Decision Date:	02/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 40 year old male who suffered an industrial related injury on 7/27/12 after an object fell on him. Medical history included hypertension, hiatal hernia, and past gunshot wound to the abdomen. The treating physician's report dated 12/13/13 noted the injured worker had complaints of abdominal pain and back pain radiating to the left leg. The injured worker had received no physical therapy, no chiropractic care, and no epidural steroid injections. The injured worker was taking hydrocodone for pain. Diagnoses included ventral hernia, status post-operative ventral hernia repair, post traumatic abdominal seroma with ventral hernia repair of wound, and lumbosacral strain with radicular findings. The work status was noted to be restricted. The treating physician's report dated 6/10/14 noted the injured worker had undergone abdominal surgery and did not develop any post-operative complications. The injured worker continued to complain of low back pain that radiated to the left lower extremity. Radicular symptoms primarily involved the left side and extended from the infragulteal region to the knee level along the posterior thigh. The physical examination revealed tenderness to palpation at the level of L3 to S1. Kemp's sign induced axial low back pain. A straight leg raise was positive on the left producing low back pain but no radicular symptoms. Decreased sensation of the L4-L5 dermatomes distribution on the left was noted. The lumbar spine range of motion was limited to 50% due to pain. Diagnoses included intractable mechanical low back pain, lumbar intervertebral disc disorder, lumbar radiculopathy, and status post hernia repair. The injured worker was temporarily totally disabled. On 10/7/14 the utilization review (UR) physician denied the request for an interferential unit for the low back. The UR physician noted interferential therapy is not recommended as an isolated intervention. There is no quality evidence of its effectiveness except in conjunction with other recommended treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- 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.). "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." The treating physician's progress notes do no indicate that the patients has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. As such, current request for interferential unit is not medically necessary.