MAXIMUS Federal Services

Case Number:	CM14-0189822		
Date Assigned:	11/20/2014	Date of Injury:	03/28/2013
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 60-year-old individual with an original date of injury of March 28, 2014. The mechanism of injury occurred when the patient was lifting a sewer lift station cover and fell onto the back. The patient had chronic low back pain and lumbar radiculopathy. The patient underwent epidural steroid injection twice with good relief. The patient subsequently underwent lumbar laminectomy of levels L3 to L5 on 10/3/14. The disputed request is for an interferential stimulator rental. A utilization review determination on October 31, 2014 had noncertified this request. The rationale for this denial was that there was no records to indicate the patient was undergoing concomitant rehabilitation, and these types of stimulators are only recommended for adjuvant purposes to a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit rental and supplies DOS: 6/1/14-10/31/14 per 10/13/14 RX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit x 4 month rental, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. There is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. This trial should first take place on a 1month basis according to the Chronic Pain Medical Treatment Guidelines. Since this request is immediately for 4 months and there is no provision for modification of the current request, the currently requested interferential unit is not medically necessary.