

Case Number:	CM14-0201751		
Date Assigned:	12/12/2014	Date of Injury:	12/14/2009
Decision Date:	03/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male was injured 12/14/09. The mechanism of injury was not documented. He complained of low back pain with numbness, tingling and weakness in the lower extremities (radiculopathy). He had difficulty with performing activities of daily living along with difficulty with prolonged sitting, standing, stair climbing, lifting, pushing, pulling, squatting, kneeling and stooping. On physical examination there was spasm, tenderness and guarding in the paravertebral muscles of the lumbar spine with decreased range of motion. In addition there was decreased dermatomal sensation with pain in the bilateral L5 dermatomes. His pain intensity is 7/10. Documentation indicated benefit from Norco. His home interferential unit was beneficial in relieving pain but has not had the correct electrodes for numerous months. The injured worker is doing home exercises daily. The diagnoses include tendonitis; sprains and strains of the lumbar and neck region; pain in limb; cervical and lumbosacral radiculopathy; shoulder impingement. On 8/12/14 a new at home interferential unit was requested as the previous unit is no longer very functional. There was no documentation of functional improvement. He was permanent and stationary. On 11/10/14 Utilization Review (UR) non-certified the request for Interferential Unit for Purchase with Electrode Patches for Cervical Spine/ Thoracic Spine/ Shoulder based on the documentation not meeting the guideline criteria. The guidelines include return to work, exercise, medications with limited improvement on those recommended treatments alone. The guideline referenced was MTUS Interferential Current Stimulation (ICS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for purchase with Electrode Patches for Cervical Spine/Thoracic/Spine/Shoulder: Upheld

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

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

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. The documentation does not meet the Guideline criteria. Interferential Unit for purchase with Electrode Patches for Cervical Spine/Thoracic/Spine/Shoulder is not medically necessary.