

Case Number:	CM14-0201998		
Date Assigned:	12/12/2014	Date of Injury:	12/05/2005
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 52 year old male with an injury date on 12/05/2005. Based on the 10/23/2014 progress report provided by the treating physician, the diagnoses are:1. Thoracic or lumbosacral Neuritis or Radiculitis not otherwise specified2. Cervicalgia3. Brachial Neuritis or Radiculitis not otherwise specified4. Skin sensation disturbanceAccording to this report, the patient complains of aching, sharp and stabbing lower back pain and head pain. Pain is rated as a 10/10. The pain radiates to the right arm, right forearm, right hand, left thing, left leg and left foot. "The patient frequently wakes up at night due to pain." Physical exam reveals tenderness at the paravertebral muscles and C2 to C7, T9, and L1- L5 spinous process. Cervical and lumbar range of motion is restricted. Straight leg raise test is positive. Motor strength of the bilateral biceps and bilateral triceps is a 3/5. Decreased sensation to light touch is noted over the right medial and lateral forearm and left L5 dermatome. The 09/25/2014 and 10/01/2014 reports indicate patient's pain is a 10/10.The treatment plan is to give the patient Interspec unit to use on the lumbar musculature, request extension of approved EEG, and return for a follow up in 4 weeks. The patient's work status is "Temporarily Totally Disabled." There were no other significant findings noted on this report. The utilization review denied the request for interspec unit dispensed lumbar spine on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/10/2014 to 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec unit dispensed- lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

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

Decision rationale: According to the 10/23/2014 report, this patient presents with aching, sharp and stabbing lower back pain and head pain. The current request is for interspec unit dispensed lumbar spine "to use on the lumbar musculature." Interspec unit is a dual channel interferential stimulator. The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. Indications are pain ineffectively controlled with medication; history of substance abuse; post-operative use; unresponsive to conservative measures. In this case, the treating physician does not document that the patient presents with a specific indication for IF unit as required by the MTUS. There is no documentation that the patient has trialed the unit for a month to determine effectiveness. Therefore, the current request is not medically necessary.