

Case Number:	CM14-0206039		
Date Assigned:	12/18/2014	Date of Injury:	12/02/2008
Decision Date:	02/06/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/09/2014

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 47-year-old male with date of injury of 12/02/2008. Diagnoses from 11/19/2014 are: 1. Status post L4 - L5 laminotomy and discectomy from Feb 2011. Temporomandibular joint dysfunction. According to this report, the patient complains of increasing low back pain due to the decrease of his medications. The patient's condition remains the same since his last examination. The lumbar spine reveals a well-healed surgical scar measuring 3 cm. Tenderness to palpation is present over the paraspinal musculature with spasm. The patient has a slow guarded gait with the use of a cane. Straight leg raise elicits increased low back pain. Treatment reports from 01/30/2014 to 01/06/2015 were provided for review. The utilization review denied the request on 11/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit, Orthostim4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Units. Page(s): 111-120.

Decision rationale: This injured presents with low back pain. The treating physician is requesting one home interferential unit, Orthostim 4. The MTUS guidelines page 111 to 120 states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treating physician to study the effects and benefits of its use. The records do not show a history of interferential unit use. The MTUS guidelines support a one-month trial to determine its efficacy in terms of pain relief and functional improvement. It does not appear that the injured worker has trialed this modality in the past. In this case, a trial is recommended prior to its purchase. The request is not medically necessary.

Unknown Pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Units Page(s): 111-120.

Decision rationale: The treating physician is requesting unknown pads. It appears that the request is in conjunction with the IF unit request. The MTUS guidelines page 111 to 120 states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treating physician to study the effects and benefits of its use. It does not appear that the injured worker has trialed this modality in the past. In this case, the request for an IF unit was denied and the requested pads for this modality is not warranted. The request is not medically necessary.

Unknown batteries: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Units. Page(s): 111-120.

Decision rationale: This injured worker presents with low back pain. The treating physician is requesting unknown batteries. It appears that the request is in conjunction with the IF unit request. The MTUS guidelines page 111 to 120 states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treating physician to study the effects and benefits of its use. It does not appear that the injured worker has trialed this modality

in the past. In this case, the request for an IF unit was denied and the requested batteries for this modality is not warranted. The request is not medically necessary.