MAXIMUS Federal Services

Case Number:	CM15-0000749		
Date Assigned:	01/12/2015	Date of Injury:	09/10/2003
Decision Date:	04/21/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 year old female, who sustained an industrial injury on September 10, 2003. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having lumbar sprain/strain, lumbar degenerative disc disease. Treatment to date has included medications, interferential unit. On December 11, 2014, she was evaluated for back discomfort with radiation into the legs. Diagnostic studies are not available for this review. The claimant had been using an interferential unit for a year and recently the batteries did not work. The claimant was using a gym and derived benefit from exercise. She had been on Flexeril and Vicodin for pain. The request is for the purchase of an interferential 4 channel unit to replace a broken one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, four channel, to replace the broken unit (purchase) for the lumbar spine, left elbow and left shoulder: Upheld

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

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

Decision rationale: According to the guidelines, an IF unit 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. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.). In this case, the claimant derived benefit from exercise and pain medication. There was no mention of ineffective pain control, substance abuse or post-op condition. In addition, pain scores were not noted. Long-term use and therefore purchase of an IF unit is not indicated and not medically necessary.