MAXIMUS Federal Services

Case Number:	CM15-0002401		
Date Assigned:	01/13/2015	Date of Injury:	08/30/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 37-year-old male who reported injury on 08/20/2013. The mechanism of injury was the injured worker was on top of a ladder opening boxes when he slipped and fell approximately 8 feet. The injured worker was noted to suffer a fractured heel of the right foot and was given a boot. The surgical history was stated to be no relevant surgeries. The documentation of 12/10/2014 revealed the injured worker as having low back pain. The injured worker participated in 12 sessions of therapy. The medications included Hydrocodone, Tramadol, Omeprazole and Meloxicam. The physical examination revealed +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to L4 and multifidus. The injured worker had decreased range of motion. The injured worker had a positive Kemp's test bilaterally. The straight leg raise test was negative bilaterally, and the Yeoman's test was positive bilaterally. The reflexes were +2. The myotomes and dermatomes were within normal limits. The examination of the ankle and foot revealed +3 spasm and tenderness to the right anterior heel, right lateral malleolus and plantar fascia. Range of motion was painful. The varus testing was positive on the right. There were noted to be no diagnostic studies. There was no surgical history noted. The treatment plan included acupuncture myofascial release, electrical stimulation, infrared, diathermy, and multi-interferential stimulator for 1 month rental. The documentation indicated the multi-stem unit was required due to other treatments already having been attempted, and the injured worker had continued pain over 3 months, and there were planned ongoing treatments. Physician indicated the request was made for a TENS unit. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI INTERFERENTIAL STIMULATOR X 1 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, TENS unit Page(s): 118, 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate 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. Additionally, they indicate that a TENS unit is not recommended as a standalone treatment. It is recommended for neuropathic pain. There should be documentation of pain of at least 3 months in duration. There should be evidence other appropriate pain modalities have been tried and failed, including medications, and a 1 month trial period of a TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used. The clinical documentation submitted for review indicated the request was for a TENS unit. However, the request itself was for an interferential current stimulation unit. Additionally, there was a lack of documentation indicating the injured worker would utilize the unit as an adjunct to treatment modalities within a functional restoration approach. The documentation indicated the request was made additionally for acupuncture. However, there was a lack of documentation indicating the injured worker had been approved for the acupuncture. There was a lack of clarification indicating the specific unit being requested. There was a lack of documentation indicating the body part to be treated with the unit. Given the above and the lack of clarification and documentation, the request for multi interferential stimulator X 1 month rental is not medically necessary.