

Case Number:	CM15-0003797		
Date Assigned:	01/14/2015	Date of Injury:	01/06/2012
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 01/06/2012. The mechanism of injury was due to cumulative trauma. Her relevant diagnoses included cervical herniated nucleus pulposus, status post fusion, lumbar strain to rule out lumbar herniated nucleus pulposus, displacement of the cervical intervertebral disc without myelopathy, and displacement of the lumbar intervertebral disc without myelopathy. Her past treatments included chiropractic care, pain medications, and surgery. On 12/08/2014, the injured worker complained of neck pain and low back pain radiating into the bilateral legs, rated 5/10 without medications and 2/10 with medications. The physical examination revealed normal reflexes, sensation, and motor strength bilaterally in the upper and lower extremities except for numbness noted in the bilateral L5. The injured worker also had positive straight leg raise and bowstring tests bilaterally. The physical exam also indicated the cervical and lumbar spine range of motion was noted to be decreased. Her relevant medications were noted to include Flexeril. The treatment plan included a home inferential unit in lieu of additional physical therapy. The Request for Authorization form was submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
terferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for a home inferential unit is not medically necessary. According to the California MTUS Guidelines, inferential current stimulation units are not recommended as an isolated intervention. However, there are exceptions for use in conjunction with recommended treatments including return to work, exercise, and medications. The criteria for an inferential stimulation unit include: pain that is ineffectively controlled due to diminished effectiveness of medications, medication side effects, history of substance abuse, or significant pain from postoperative conditions that limit the ability to perform exercise programs or physical therapy treatment. There should also be documentation of unresponsiveness to conservative measures to include heat and ice. A recommendation is indicated for a 1 month trial if the criteria were met. The injured worker was indicated to have been recommended for a home inferential unit in lieu of physical therapy. However, there was a lack of documentation to indicate compliance for use in conjunction with a home exercise program, a lack of documentation to indicate that pain was ineffectively controlled due to diminished effectiveness or medication side effects. Furthermore, the request as submitted did not clarify whether the request is for a purchase or rental. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.