MAXIMUS Federal Services

Case Number:	CM15-0004887		
Date Assigned:	01/16/2015	Date of Injury:	02/08/1999
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, 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:

This is a 48 year old male patient who sustained an industrial related injury on 2/8/99. He sustained the injury while trying to open an old steel cabinet. The diagnoses include lumbar post-laminectomy syndrome, lumbar sprain/strain, chronic pain syndrome, and low back pain. Per the doctor's note dated 12/18/2014, he had complaints of back pain with associated numbness and muscle stiffness. Physical examination revealed lumbar spine tenderness to palpation in the left paraspinal muscles and decreased range of motion. The medications list includes trazodone and flector patches. He was prescribed relafen. He has undergone lumbar spine surgery. He had completed 6 acupuncture sessions and 2 cognitive behavioral therapy sessions. The treating physician recommended a 30 day trial of interferential stimulator to be used in combination with a home exercise program and medications to increase daily function to allow the injured worker to continue working, and reduce pain. On 12/24/14 the request for an interferential stimulation unit was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment guidelines and noted there is no indication of failure of medications available due to ineffectiveness of side effect, nor failed conservative therapy. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Page 118-120..

Decision rationale: Request: Interferential Stim Unit, Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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.Per the cited guideline 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.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There is no evidence of failure of conservative measures like physical therapy for this patient. Any evidence ofdiminished effectiveness of medications or intolerance to medications orhistory of substance abuse is not specified in the records provided. The medical necessity of Interferential StimUnit is not fully established for this patient at this juncture.