

Case Number:	CM15-0100429		
Date Assigned:	06/02/2015	Date of Injury:	11/04/2014
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 35 year old male, who sustained an industrial injury on 11/4/14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc displacement; lumbago. Treatment to date has included chiropractic care; physical therapy; Toradol and DepoMedrol injection (12/15/14); medications. Diagnostics included x-rays lumbar spine (12/8/14); MRI lumbar spine (2/10/15). Currently, the PR-2 notes dated 3/12/15 indicated the injured worker complains of low back pain. He complains of severe low back pain that remains localized with some radiation to the leg. He complains of some numbness, tingling and weakness of the right leg and denies any increased pain with a Valsalva maneuver as well as any bladder or bowel dysfunction. Physical examination of the thoracolumbar spine reveals forward flexion is only to 60 degrees with fingertips failing to touch by 20cm. Arising is accomplished with difficulty and pain. Palpation of the lumbar spine reveals tenderness and spasm. X-rays of the thoracic and lumbar spine show loss of lumbar lordosis with mild degenerative disc disease at L5-S1. The provider documents that clinical and MRI scan evidence of a disc herniation of the lumbar spine at the L5-S1 level. His treatment plan includes an aggressive therapy program to build up strength, urine drug screening to check efficacy of prescribed medications and prescriptions for Tramadol 50mg and Voltaren 100mg. A provider has requested an Interferential Unit (IF) 30 to 60 day rental and purchase of long term if effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (IF) 30 to 60 day rental and purchase of long term if effective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. The Interferential Unit (IF) 30 to 60 day rental and purchase of long term if effective is not medically necessary and appropriate.