

Case Number:	CM15-0103259		
Date Assigned:	06/05/2015	Date of Injury:	05/30/2006
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency 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:

This is a 38 year old male with a May 30, 2006 date of injury. A progress note dated April 27, 2015 documents subjective findings (substantial lower back pain that can radiate into the legs at times), objective findings (obvious antalgic gait; modest tenderness is present in the lower paralumbar region on both sides with modest muscle guarding on the left side; decreased sensation to light touch involving the lateral margin of both thighs; modest sensory loss involving the lateral margin of the left foot that extends into the fourth and fifth toes; positive straight leg raise bilaterally), and current diagnoses (persistent bilateral lumbar radiculopathy; status post lumbar laminectomy in 2009; status post lumbar laminectomy followed by lumbar fusion in August 2012). Treatments to date have included medications, lumbar spine surgeries, and imaging studies. The treating physician documented a plan of care that included an interferential unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Interferential Unit with garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Meds-4 Interferential Unit with garment, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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.)." The injured worker has subjective findings (substantial lower back pain that can radiate into the legs at times), objective findings (obvious antalgic gait; modest tenderness is present in the lower paralumbar region on both sides with modest muscle guarding on the left side; decreased sensation to light touch involving the lateral margin of both thighs; modest sensory loss involving the lateral margin of the left foot that extends into the fourth and fifth toes; positive straight leg raise bilaterally). The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Meds-4 Interferential Unit with garment is not medically necessary.