

Case Number:	CM15-0108587		
Date Assigned:	06/15/2015	Date of Injury:	05/07/2011
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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

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 43 year old, male who sustained a work related injury on 5/7/11. He was on his knees pulling heavy floor tiles for several hours and felt low back pain. The diagnoses have included lumbar intervertebral disc syndrome, lumbar spine strain/sprain and radiculitis. Treatments have included chiropractor treatments, physical therapy, TENS unit therapy, home exercises, ice therapy and medications. In the PR-2 dated 5/11/15, the injured worker complains of constant achy pain in low back and right leg to mid thigh. He has spasm in low back. He has decreased range of motion in low back. He is getting good relief with chiropractic treatments including use of ART interferential stimulation. The treatment plan includes a request for a 30-day home trial of ART interferential therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART Interferential Stim (30 day trial) lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114-121.

Decision rationale: The injured worker sustained a work injury in May 2011 and is being treated for ongoing low back and right lower extremity pain. When seen, chiropractic treatments including use of an interferential stimulator were providing benefit. There was decreased spinal range of motion with muscle spasms. Authorization for a home trial of interferential stimulation was requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. In this case, the claimant is benefitting from chiropractic treatments and use of an interferential stimulator. These treatments, however, are time limited and home interferential stimulation could provide a means of self-management. The requested trial was therefore medically necessary.