MAXIMUS Federal Services

Case Number:	CM15-0132564		
Date Assigned:	07/20/2015	Date of Injury:	02/04/2008
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 48-year-old male with an industrial injury dated 02/04/2008. His diagnoses included hypertension, degenerative disc disease (lumbar) and spinal stenosis of lumbar region. Prior treatment included physical therapy (beneficial), aquatic therapy (no benefit) and chiropractic therapy (beneficial), massage therapy (helpful) and medications. Prior procedures were facet injection (beneficial), epidural injections (beneficial) and sacroiliac injection (beneficial). Comorbid conditions included hypertension, chest pain and sleep apnea with CPAP (continuous positive airway pressure) use. He had a gastric bypass done in 2013. He presented on 05/21/2015 with complaints of constant pain in the lower back radiating down into both his legs. He reports the pain as 7/10 and describes it as worsening. The worst reported level of pain over the past 2 weeks was 10/10. The pain is described as reducing his ability to work and engage in activities of daily living. He also reports difficulty falling asleep and staying asleep. Documentation notes the pain in relieved by nothing long term other than medications. Functional impairment is 37/50 and is unchanged. Lumbar spine exam noted tenderness at the right lumbar 4 and lumbar 5. Straight leg raise testing was normal and without pain. Range of motion of bilateral hips was normal. Gait and station were normal. The treatment request is for supplies for interferential unit for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for interferential unit for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118, Interferential Current Stimulation (ICS).

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 work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic 2008 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Supplies for interferential unit for 6 months is not medically necessary and appropriate.