MAXIMUS Federal Services

Case Number:	CM15-0134541		
Date Assigned:	07/17/2015	Date of Injury:	10/03/2013
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 injured worker is a 60 year old male who reported an industrial injury on 10/3/2013. His diagnoses, and or impression, were noted to include: lumbar disc herniation. No current imaging studies were noted. His treatments were noted to include: an orthopedic panel qualified medical evaluation on 1/23/2015; physical therapy; lumbar epidural steroid injection injections (12/2/14); a Flex Power Plus brace; medication management; and modified work duties with the inability to return to work. The progress notes of 6/10/2015 reported a follow-up examination of his thoracolumbar spine that was with worsening pain, rated as the most severe. Objective findings were noted to include radiating lumbar pain into the right lower extremity, with a burning sensation and difficulty sleeping; and the review of x-rays of the thoracic and lumbar spine noting loss of lumbar lordosis. The physician's requests for treatments were noted to include the rental of an interferential unit to manage pain and reduce medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit rental for 30 to 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary.