

Case Number:	CM15-0136424		
Date Assigned:	07/24/2015	Date of Injury:	03/01/2014
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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 40-year-old male, who sustained an industrial injury on March 1, 2014. He reported a popping sensation and pain in his low back. He subsequently noticed pain in the left shoulder and arm and the left hip and leg. He was diagnosed with lumbar radiculopathy, muscle spasm of the back, lumbar sprain-strain and left shoulder sprain-strain. Treatment to date has included MRI of the lumbar spine, medications, modified work duties, acupuncture, chiropractic therapy, physical therapy and heat/cold therapy. Currently, the injured worker complains of ongoing pain and spasm. He is concerned about the way it alters his walking and pelvic tilt. On physical examination the injured worker's left hip shifts to the left with ambulation. He has palpable spasm in the left lumbar musculature and his posture shows pelvic obliquity with slight exaggerated tilting shift to the left. He has discomfort of the left lumbar region at the end of range of motion and he has a negative straight leg raise test. The diagnoses associated with the request include lumbosacral strain with left lumbar spasm and pelvic tilt, MRI with small L4-5 disc bulge and degenerative disc disease with mild facet arthropathy. The treatment plan includes work restrictions and ART interferential and stim and TENS unit for muscular rehab and pain modulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential stim unit with ART rehab x 1: 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 Page(s): 114-121.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for low back pain. When seen, there was a pelvic obliquity with leg length difference. There was decreased and painful lumbar range of motion with muscle spasms. There was a normal neurological examination. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for continued use include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. In this case, a combination unit is being requested and the claimant has not had a trial of stimulation with a single function device. The request for a combination unit for indefinite use was not medically necessary.