

Case Number:	CM15-0138564		
Date Assigned:	07/28/2015	Date of Injury:	12/22/2014
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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, 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 41 year old male who sustained an industrial injury on 12/22/14 when a water main pipe blew up causing him to fall into a ditch resulting in low back pain. He was medically evaluated, x-rayed which were normal, given medication and was off work for six days. He went back to work and symptoms continued and he developed numbness and tingling to the feet. He had an MRI of the lumbar spine (8/2014) which was abnormal. He currently (5/27/15) reports a decrease in constant low back pain (3/10 down from 3/4/15 level of 5-8/10) with less numbness, tingling and weakness to the legs and feet. On physical exam of the lumbar spine there was tenderness with spasm over the lumbar paravertebral musculature, moderate facet tenderness, positive Kemp's sign bilaterally, positive Fabere's/Patrick, sacroiliac thrust tests bilaterally and positive Yeoman's test on the right, decreased range of motion. Medications were Norco, Voltaren XR, Robaxin. Diagnoses include lumbar musculoligamentous sprain/ strain; bilateral lower extremity radiculitis; status post lumbar laminectomy/ discectomy (2010); lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome. Treatments to date include medications with benefit; home exercise program; lumbar epidural steroid injection (4/20/15) with 50% improvement in pain for four weeks but it recurred; 12 sessions of physical therapy with benefit. Diagnostics include MRI of the lumbar spine (8/30/14) showing disc bulging, protrusions, stenosis. In the progress note dated 3/4/15 the treating provider's plan of care includes a request for interferential unit 30-day trial for home use. On 7/9/15 Utilization review evaluated a request for AVID IF (interferential unit) 2 stimulator, 2 channel rental, date of service 4/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for AVID IF (Interferential) 2 stimulator, 2 channel rental, date of service 04/19/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.