

Case Number:	CM15-0141302		
Date Assigned:	08/05/2015	Date of Injury:	10/25/2014
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 19 year old female, who sustained an industrial injury, October 25, 2014. The injury was sustained when the injured worker was lifting a keg weighing 100 pounds, injuring the back. The injured worker previously received the following treatments lumbar spine MRI, physical therapy, injections, medications and lumbar spine x-rays. The injured worker was diagnosed with mild L5-S1 degenerative disc disease, herniated disc pulposus L5-S1 with foraminal stenosis on the left at L5-S1 with probable impingement exiting left L5 nerve root and probable impingement of the proximal traversing S1 nerve root as described in MRI. According to the QME progress note of March 31, 2015, the injured worker's chief complaint was low back pain with radiation down the posterior aspect of the right and left leg. The pain then radiated in to right side of the foot. The pain in the left side radiated to the posterior aspect of the leg. The injured worker had numbness in the posterior aspect of the legs. There was slight pain with walking but significant pain with bending and any lifting activities. The physical exam noted normal heel to toe gait. The injured worker walked without an assistive device. The injured worker had 100% of range of motion of the thoracic and lumbar spine. The reflexes of the knees and ankles on the right and left side were equal. The straight leg raises were negative bilaterally in the sitting and supine positions. The motor and sensory exam was normal in the lower extremities. There was localized tenderness in the midline of the L4-S1 area of the lumbar spine with deep palpation. The treatment plan included interferential unit for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Interferential unit for low back (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. The DME: Interferential unit for low back (purchase) is not medically necessary and appropriate.