

Case Number:	CM15-0145346		
Date Assigned:	08/06/2015	Date of Injury:	08/22/2013
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 37-year-old female with an August 22, 2013 date of injury. A progress note dated July 2, 2015 documents subjective complaints (follow up for thoraco-lumbar spine; doing well, believes muscle relaxers are helping; pain rated at a level of 6 out of 10), objective findings (slight decrease in pain due to taking medications as needed), and current diagnoses (lumbar intervertebral disc disorder without myelopathy; lumbago). Treatments to date have included x-rays of the lumbar spine (showed loss of lumbar lordosis), medications, and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a thirty to sixty day rental and purchase of an interferential unit and supplies for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-60 day rental and purchase of Interferential unit and supplies, lumbar spine:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit
Page(s): 118.

Decision rationale: According to the guidelines an IF unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant has persistent pain despite using medications and undergoing therapy. There is a plan for therapy and alternating heat and ice, as well as medications along with the IF unit. Based on the adjunctive plans and short-term trial period, the request for an IF unit is medically necessary.