

Case Number:	CM15-0145595		
Date Assigned:	08/06/2015	Date of Injury:	01/15/2014
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
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: California, Hawaii
 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 is a 38 year old male who sustained an industrial injury on January 15, 2014. The worker is employed as a traffic officer who sustained an injury while working as he stepped off a curb with the immediate onset of sharp pain in the 3 low back area. The pain shot directly down the right leg. A recent primary treating office visit dated June 02, 2015 reported subjective complaint of constant severe sharp low back pain. He stated getting some benefit from acupuncture care along with the current medication regimen. The following diagnoses were applied: lumbar muscle spasm, lumbar radiculopathy, lumbar strain and sprain and rule out lumbar disc protrusion. The plan of care noted undergoing a magnetic resonance imaging scan of lumbar spine ruling out disc protrusion; electric nerve conduction study of bilateral lower extremities; referred for acupuncture session to increase range of motion and decrease pain; physical therapy session; recommending an interferential unit for 5 month rental and supplies. The worker is to remain off from work duty through July 17, 2015. At the following visit dated July 14, 2015 there is recommendation for surgical consultation. At a specialist follow up dated April 21, 2015 the treating diagnoses were: neuralgia, neuritis, and radiculitis; strains and sprains of lumbar spine. There was recommendation for acupuncture session, medical consultation and a lumbar brace. The worker was prescribed regular work duty on June 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) month rental of a Solace multi stim unit: 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Five (5) month rental of a Solace multi stim unit. The treating physician states in the report dated 6/11/15, "I am requesting the Interferential Unit for a 5 month rental unit and should be used for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation". (4B) The MTUS guidelines state, "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". While the unit maybe beneficial for the patient, the treating physician has prescribed an amount which exceeds the MTUS guidelines. The MTUS guidelines go onto state that if the choice to go against the recommendation of isolated intervention then the patient selection criteria are to be followed and if the criteria are met then a one month trial may be appropriate to evaluate for functional improvement. The current request for a 5 month rental is not medically necessary as the request exceeds the 1 month trial time frame.

Five (5) month supply of electrodes: 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Five (5) month supply of electrodes. The treating physician states in the report dated 6/11/15, "I am requesting the Interferential Unit for a 5 month rental unit and should be used for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation". (4B)The MTUS guidelines state, "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". In this case, the request for the Solace unit has been determined to not be medically necessary. The request for equipment pertaining to the unit is also not medically necessary.

Two lead wires: 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain affecting the low back. The current request is for two lead wires. The treating physician states in the report dated 6/11/15, "I am requesting the Interferential Unit for a 5 month rental unit and should be used for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation". (4B)The MTUS guidelines state, "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". In this case, the request for the Solace unit has been determined to not be medically necessary. The request for equipment pertaining to the unit is also not medically necessary.

One (1) adapter: 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain affecting the low back. The current request is for One (1) adapter. The treating physician states in the report dated 6/11/15, "I am requesting the Interferential Unit for a 5 month rental unit and should be used for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation". (4B)The MTUS guidelines state, "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". In this case, the request for the Solace unit has been determined to not be medically necessary. The request for equipment pertaining to the unit is also not medically necessary.