MAXIMUS Federal Services

Case Number:	CM15-0147050		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2011
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency Medicine

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 injured worker is a 46 year old female who reported an industrial injury on 12-5-2011. Her diagnoses, and or impression, were noted to include: lumbar discopathy, radiculopathy and facet syndrome. No current imaging studies were noted. Her treatments were noted to include physical therapy; chiropractic treatments; medication management with toxicology studies; and rest from work if there is no available modified work duty. The progress notes of 5-7-2015 reported complaints of severe lumbar spine pain that spread up to the upper back, was associated with cramping, numbness, tingling and a cold sensation that radiated down the bilateral legs, right > left; and an additional complaint of anxiety. Objective findings were noted to include no apparent distress; difficulty with heel-toe walking secondary to pain; diffuse tenderness over the lumbar para-spinal muscles with moderate facet tenderness in the lumbosacral region; positive bilateral Farfan test; limited lumbar range-of-motion; and decreased sensation in the lumbosacral dermatomal distributions on the left. The physician's requests for treatments were noted to include a home trial of an interferential unit with supplies as an anti-inflammatory based treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. It is not being done in conjunction with a rehabilitation program. ICS is not medically necessary.