MAXIMUS Federal Services

Case Number:	CM15-0147362		
Date Assigned:	08/10/2015	Date of Injury:	04/19/2014
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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 48 year old female who sustained an industrial injury to her lower back on 04-19-2014 when moving heavy boxes. The injured worker was diagnosed with lumbar spine myoligamentous sprain and strain, discogenic mechanical low back pain and right lumbar radiculitis or radiculopathy. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on July 1, 2015, the injured worker continues to experience low back pain in a band like distribution radiating down the right buttock and leg just below the knee with right lower extremity weakness and numbness. The injured worker denied tingling. Examination demonstrated pain on palpation of the supraspinatus ligament from L3 to the sacrum and bilateral erector spine muscles with positive Waddell's. Range of motion was noted as flexion at 65 degrees, extension at 20 degrees, bilateral lateral bending at 30 degrees each and bilateral lateral rotation at 35 degrees each. Straight leg raise was positive bilaterally with positive Lasegue's sign on the right. The injured worker was able to heel and toe stance with assistance for balance. Motor strength on the right was intact with extensor hallucis longus muscle documented at 4-5 out of 5 on the right. Axial compression and pelvic rotation test was positive. Urine drug screening was performed at the office visit. Current medications are listed as Naproxen, Omeprazole and topical medications. The injured worker may return to work with restrictions. Treatment plan consists of Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilaterally lower extremities, lumbar spine magnetic resonance imaging (MRI), physical therapy for the lumbar spine, and the current request for a multi-stimulation unit (Solace interferential unit HCPC E 1399) plus supplies, 3 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

One DME rental: Multi-stim unit (Solace interferential unit HCPC E 1399) plus supplies, 3 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Devices Page(s): 118-120.

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

Decision rationale: The records indicate the patient has ongoing low back pain with associated pain in the right buttock to the knee. The current request is for One DME rental, multi-stim unit (Solace interferential unit HCPC E 1399) plus supplies, 3 month rental. The attending physician in his 7/1/15 report states the interferential unit is to aid pain reduction, reduction of edema and/or accelerate rehabilitation. The CA MTUS does not recommend ICS 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. Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, Interferential is not supported as an isolated treatment intervention. There is no indication that medications have been ineffective at controlling pain or that the condition has been unresponsive to conservative measures. Furthermore, a one month trial demonstrating clinical benefit has not been documented. As such, the request is not medically necessary.