

Case Number:	CM15-0149557		
Date Assigned:	08/12/2015	Date of Injury:	09/03/2004
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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:

This is a 63-year-old male who sustained an industrial injury on 09-03-2004. Diagnoses include lumbar sprain, strain with bilateral lower extremity radiculopathy. Previous treatments included medications and interferential unit. According to the progress notes dated 1-21-2015, the IW (injured worker) reported persistent low back pain with bilateral lower extremity pain with associated numbness and tingling into the bilateral feet with attempts at lifting, pushing, bending and stooping. The pain was rated 7 to 8 out of 10. The notes indicated pain was usually 4 out of 10 with medications and 7 to 8 out of 10 without medications; the pain relief lasted 8 hours, allowing improved sleep, improved participation in the home exercise program and enabling him to perform his activities of daily living. On examination, there was tenderness in the lumbar paravertebral muscles with slight to moderate spasms. The sciatic notches and left sacroiliac joint were tender to palpation as well. Sensation was decreased in the bilateral L5-S1 dermatome. Straight leg raise was positive bilaterally. Range of motion was decreased in all planes. The left extensor hallucis longus strength was 4 out of 5. The notes stated he was not currently attending treatment. A request was made for interferential unit and supplies purchase for the lumbar spine, as this treatment has been beneficial in the past and his unit was no longer working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and supplies purchase for the Lumbar Spine: Upheld

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

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

Decision rationale: The current request is for an Interferential Unit and supplies purchase for the Lumbar Spine. Previous treatments included medications and interferential unit. MTUS Guidelines, Interferential Current Stimulation (ICS), pages 118-120 state that "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". These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). According to the progress report 1-21-2015, the patient reported persistent low back pain with bilateral lower extremity pain with associated numbness and tingling into the bilateral. On examination, there was tenderness in the lumbar paravertebral muscles with slight to moderate spasms. The sciatic notches and left sacroiliac joint were tender to palpation as well. Sensation was decreased in the bilateral L5-S1 dermatome. Straight leg raise was positive bilaterally. A request was made for an inferential unit and supplies purchase for the lumbar spine, as this treatment has been beneficial in the past and his unit was no longer working. Review of progress reports does not show documentation of patient's history of substance abuse, operative condition, nor unresponsiveness to conservative measures. In fact, there are multiple appeal letters stating how effective the patient's medications are. Documentation to support MTUS criteria has not been met. The request is not medically necessary.