

Case Number:	CM15-0160929		
Date Assigned:	08/27/2015	Date of Injury:	03/05/1993
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 50 year old male who sustained an industrial injury on 3-5-93. His initial complaint was that he felt a "pop" in his back after carrying a large, heavy object. He complained of numbness in the right leg and outer toes of both feet. He was, initially, treated with medications and physical therapy. On 4-10-15, he complained of "residual symptoms of numbness and tingling in the right leg and foot". The report states that he "does not have much back pain or leg pain, but occasionally he has some soreness for which he takes Motrin". The Assessment portion of that report indicates the following: "Chronic persistent axial lower back pain and bilateral lower extremity pain with pain radiating down both legs, bilateral posterior thigh, calf, plantar feet, industrially aggravated, secondary to injury dated 3-5-93; lumbar x-rays, dated 7-24-14, with lumbar spondylosis most notable at L5-S1 with about 3.5 millimeter of motion from flexion-extension x-rays; no signs or symptoms of spinal cord compression or cauda equine syndrome; recent right inguinal hernia diagnosed on 7-21 on a different work claim; no other previous injury prior to 1993 or subsequent to 1993 that would have caused back and leg symptoms; and MRI of the lumbar spine reviewed shows a small bulge that is central at L5-S1 and what appears to be an annular tear that is pretty large and is left paracentral at L5-S1. There is mild disc desiccation at L5-S1". Treatment recommendations were for additional physical therapy - to include traction with an inversion table, a home heating pad and ice pack, as well as home exercises. On 7-28-15, he continued to complain of low back pain and right leg numbness with tingling. The report indicates that he was "getting better with physical therapy". He indicated that prolonged sitting is "what bothers him most and causes back pain". He

reported that he "noticed an improvement from using an interferential unit or muscle stimulator for physical therapy, but doesn't have one at home". He was noted to be receiving Naproxen and Prilosec. The treatment recommendations were to continue a home exercise program and request authorization for a "Med-Support" interferential unit to use at home for his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF Unit for Low Back for Home Use (Indefinite Use): Upheld

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

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

Decision rationale: Based on the 7/28/15 progress report provided by the treating physician, this patient presents with low back pain and right leg numbness/tingling. The treater has asked for meds-4 IF unit for low back for home use (indefinite use) on 7/28/15 for treatment of his residual low back pain. The patient's diagnoses per request for authorization form dated 7/28/15 are lumbar disc displacement. The patient is s/p 2 rounds of physical therapy, number of sessions not specified, which has given patient improvement per 7/28/15 report. The patient is unable to run, and feels like he would fall if he were to have to sprint per 7/28/15 report. The patient noticed improvement from using an interferential unit during physical therapy, but does not have one at home per 7/28/15 report. The patient has never had epidural steroid injection or surgical interventions for his low back pain and leg problems per 4/10/15 report. The patient's work status is full time employed at this time, but sitting causes most pain per 7/28/15 report. MTUS, Interferential Current Stimulation (ICS) section, pages 118 - 120: 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.). Review of progress reports does not show prior trial of interferential unit usage at home. In this case, the patient has received benefit from an IF unit during prior physical therapy, which had proven effective for pain relief. However, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. For this patient, review of the reports did not show there was no 30 day trial with the interferential unit and the request is for indefinite use. Therefore, the requested IF stimulator is not medically necessary.