

Case Number:	CM15-0166971		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2014
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male who sustained an industrial injury on 05-19-2014. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar failed back surgery syndrome, lumbar degenerative disc disease, lumbosacral neuritis or radiculitis and lumbago. The injured worker is status post lumbar surgery in November 2014. Two previous back surgeries were documented in 2006 and 2007 (no procedures documented). Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) with and without Gadolinium on March 30, 2015, surgery, physical therapy, lumbar epidural steroid injections, trigger point injections, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on July 23, 2015, the injured worker continues to experience low back pain radiating into the left lower extremity associated with numbness and tingling. The injured worker rated his pain at 9 out of 10 on the pain scale. Examination demonstrated a well-healed scar on the lumbar spine from L3 down. The injured worker was unable to walk on his heels and toes. There was no tenderness or spasms from L1 to the sacrum bilaterally. Forward flexion was documented at 30 degrees with pain, extension at 5 degrees, right lateral flexion at 10 degrees, left lateral flexion at 5 degrees and bilateral lateral rotation at 10 degrees each. Straight leg raise was positive on the left side at 25 degrees. Faber sign, thigh thrust and distraction sign on the left were positive. The hip examination was negative for tenderness with full range of motion. Deep tendon reflexes were intact bilaterally in the lower extremity. Sensation at the left L4, L5 and S1 was decreased with numbness reported. Motor strength was decreased from the hip flexors and extensors

through the ankle flexors, including the extensor hallucis longus muscle bilaterally. Left side was worse than the right side. Current medications were listed as Norco, Neurontin and Robaxin. Treatment plan consists of pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential STIM unit for symptoms related to the lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-289.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 5/19/2014. He has been treated with epidural steroid injections, trigger point injections, TENS and medications. The current request is for one interferential STIM unit for symptoms related to the lumbar region. Per the MTUS guidelines cited above, an interferential unit is not recommended in the treatment of chronic low back pain. There is no evidence based medical literature to support the use of an interferential unit in the treatment of low back pain. On the basis of this lack of medical evidence for the efficacy and recommendation of an interferential unit in the treatment of back pain, the request for an interferential unit is indicated as not medically necessary.