

Case Number:	CM15-0168287		
Date Assigned:	09/09/2015	Date of Injury:	09/16/2014
Decision Date:	10/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old female, who sustained an industrial injury on September 16, 2014. She reported low back pain. The injured worker was diagnosed as having thoracic musculoligamentous sprain and strain, lumbosacral musculoligamentous sprain and strain, and history of lumbar disc protrusions. Medical records (July 14, 2015) indicate ongoing mid and upper back pain rated 8/10, which is increased from the prior visit and ongoing low back pain rated at a 6-7 out of 10, which was unchanged from the prior visit. Per the treating physician (July 14, 2015 report), the employee remained temporarily totally disabled. The physical exam (July 14, 2015) reveals grade 2-3 tenderness to palpation over the thoracic and lumbar paraspinal muscles, which was unchanged from the prior visit. There was restricted thoracic and lumbar range of motion. There positive straight leg raise bilaterally, left greater than right. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, a lumbar brace, work modifications, temporary total disability, physical therapy, acupuncture, a functional capacity evaluation (FCE), and medications including oral analgesic, muscle relaxant, topical analgesic, and non-steroidal anti-inflammatory. Treatment also included at least 11 sessions of chiropractic therapy, including electrical stimulation. The requested treatments included an interferential unit, electrodes, and batteries. On July 21, 2015, the original utilization review non-certified a request for an interferential unit, electrodes, and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit/Electrodes/Batteries, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per MTUS CPMTG with regard to interferential current stimulation: "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." Per the documentation submitted for review, it is noted that the injured worker has completed a one month-at-home trial of the requested modality which he reported helped to moderate his pain level. He has been using electrical stimulation during physical therapy for a month or more and has found it beneficial. The unit will be used in conjunction with other recommended treatments. I respectfully disagree with the UR physician. The request is medically necessary.