

Case Number:	CM15-0183124		
Date Assigned:	09/24/2015	Date of Injury:	04/11/2008
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial-work injury on 4-11-08. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Medical records dated (1-7-15 to 7-29-15) indicate that the injured worker complains of constant cervical and lumbar spine pain with stiffness, weakness and muscle spasm. The pain is rated 7-8 out of 10 on pain scale and has been unchanged. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-29-15 the injured worker has not returned to work. The physical exam dated 7-29-15 reveals that the injured worker has neck pain and spasm and there is marked tenderness about the lumbar spine with spasm. The physician indicates that the injured worker will be completing physical therapy program but remains symptomatic. Treatment to date has included pain medication, physical therapy at least 12 sessions with some benefit, trigger point injection left sacroiliac joint with no documented pain relief, off of work and other modalities. The request for authorization date was 8-7-15 and requested service included IF (interferential) unit, 30-60 day rental or purchase, (retrospective DOS 7/29/15). The original Utilization review dated 8-14-15 non-certified the request as per the guidelines the documentation does not support prior use of an Interferential Unit (IF) in the clinical setting with documentation of objective and functional gains to support efficacy and support of the device provided outside the recommended guidelines. There was no record from the provider that the claimant's use of this unit made any

significant change in the injured workers functional status. Therefore, the medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (interferential) unit, 30-60 day rental or purchase, (retrospective DOS 7/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Interferential therapy.

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

Decision rationale: CA MTUS Guidelines recommend transcutaneous electrotherapy (TENS) as an adjunct treatment to physical therapy. The conditions that are recommended to be treated with TENS include neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. This is a retrospective request for a 30-60 day rental or purchase of a TENS unit. However, there is no documentation of objective functional gains with prior use. The efficacy of the IF unit is not supported. There are no records from the provider that demonstrate that the claimant's use of this device has resulted in any significant change in the claimant's functional status. The injured worker is still unable to return to work. Therefore, the request is not medically necessary or appropriate.