MAXIMUS Federal Services

Case Number:	CM15-0183597		
Date Assigned:	09/24/2015	Date of Injury:	10/14/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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 37 year old woman sustained an industrial injury on 10-14-2014. Diagnoses include lumbar radiculopathy, lumbar spine sprain-strain, and right knee internal derangement. Treatment has included oral medications. Physician notes dated 6-24-2015 show complaints of low back pain rated 5 out of 10 with radiation tot eh bilateral lower extremities with numbness and right knee pain rated 4 out of 10 with stiffness and weakness. The physical examination shows decreased lumbar spine range of motion due to pain and tenderness over the bilateral sacroiliac joint, coccyx, lumbar paravertebral muscles, and sacrum to palpation. Spasm is noticed to the paravertebral muscles of the lumbar spine. Straight leg raises cause pain, Lasegue's causes pain bilaterally at 70 degrees, and Kemp's is positive. The right knee has 4 out of 5 strength in the hamstring, range of motion is decreased and painful, there is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, posterior knee, and the superior border of the patella. McMurray's sign is positive. Recommendations include physical therapy, acupuncture, orthopedic consultation, interferential unit for five month rental, and follow up in four weeks. Utilization Review modified a request for interferential unit rental citing it has been certified for a 30-day rental to comply with the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit x 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 10/14/14 and presents with pain in her thoracic spine, lumbar spine, and right knee. The request is for an interferential unit x 5 month rental for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation. The RFA is dated 06/29/15 and the patient's current work status is not provided. 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.). The patient is diagnosed with lumbar radiculopathy, lumbar spine sprain-strain, and right knee internal derangement. The 06/24/15 report states that the "patient continues to complain of pain, is experiencing chronic soft tissue inflammation and has already trialed other forms of conservative treatment including physical therapy and medications. I recommend continued use provided the patient has shown positive results. This unit is being prescribed as an adjunct to conservative treatment as part of the functional restoration program designed for the patient." It appears that the patient has already shown "positive results" with prior use of the IF unit. However, there is no specific documentation of when the patient had a 30 day trial, how this trial impacted the patient's pain and function, or of any reduction in medication the patient may have had with the IF unit. Due to lack of documentation of the prior IF trial, the current requested 5 month rental of the IF unit is not medically necessary.