

Case Number:	CM15-0186493		
Date Assigned:	09/28/2015	Date of Injury:	05/27/2000
Decision Date:	11/03/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/22/2015

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: Pennsylvania

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 53 year old female, who sustained an industrial injury on 5-27-2000. The injured worker is undergoing treatment for: lumbar spinal stenosis, lumbar-lumbosacral neuritis, back disorder, chronic pain syndrome. On 6-24-15, she reported right lower extremity pain. Objective findings revealed antalgic gait, tenderness and spasm in the lumbar spine, and redness around the surgical incision. She was given a Toradol injection. The records do not discuss efficacy of medications. There is no discussion of lack of response to the already tried treatment methods. The treatment and diagnostic testing to date has included: hardware removal (4-30-15), medications, lumbar spine x-rays (2-20-13, 1-28-15, and 5-4-15), magnetic resonance imaging of the lumbar spine (7-3-13, 11-13-13), urine drug screen (1-13-15, 4-29-15). Medications have included: Carisoprodol, Norco, Dilaudid, Hydromorphone, Percocet, Soma and Valium. Current work status: temporarily totally disabled. The request for authorization is for: one interferential unit. The UR dated 8-22-2015: non-certified the request for one interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, quantity: 1: 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: According to the MTUS, interferential stimulation is "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." There is insufficient information in the medical record to determine that the criteria for interferential stimulation has been met. Therefore, the request is not medically necessary. The records available to me do not document that interferential stimulation has proven to be effective for this worker. The effectiveness of medications or side effects has not been discussed in the available progress notes of recent visits. There is no mention of substance abuse. There is no mention of limited ability to perform an exercise program or physical therapy. There is no mention that this worker has been unresponsive to conservative measures. Furthermore, this request is for an interferential unit. It is not specified that a 1 month trial is being requested which would be required before it can be determined that the purchase of a unit for long-term use is appropriate.