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| Case Number: | CM15-0188180 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 11/26/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 11-26-13. The injured worker is being treated for lumbar sprain-strain with bilateral lower extremity radiation. Treatment to date has included physical therapy, oral pain medications, home exercise program, lumbar epidural steroid injection, acupuncture and activity modifications. On 7-16-15, the injured worker complains of low back pain with bilateral lower extremity numbness; he reports decrease in low back pain and left lower extremity pain following 6 acupuncture treatments. He also reports increased left lower extremity burning. He is temporarily totally disabled. On 7-16-15 physical exam revealed tenderness to paravertebral muscles and left sciatic tenderness. An undated request for authorization was submitted for home interferential unit to decrease pain and muscle spasm. On 8-25-15 a request for home interferential unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit x 1 month rental, electrodes, batteries, removers/lead wire: 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 MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Interferential unit x 1-month rental, electrodes, batteries, removers/lead wire is not medically necessary.