

Case Number:	CM15-0188438		
Date Assigned:	09/30/2015	Date of Injury:	06/02/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 53-year-old female with a date of industrial injury 6-2-2014. The medical records indicated the injured worker (IW) was treated for lumbar sprain-strain with radiculitis and left sacroiliac joint sprain-strain. In the progress notes (6-4-15 to 8-20-15), the IW reported increased low back pain first into the left leg and most recently progressing into the bilateral legs. Pain was rated 7 out of 10 in the low back and 5 to 6 out of 10 in the legs. Difficulty with activities of daily living were reported (6-4-15) with performance of self-care, communication, physical activity and sleep. On physical exam (7-16-15 and 8-20-15 notes), the IW had a limping gait and she was unable to heel walk. Minor's sign was positive. Range of motion was decreased by greater than 50%. Spasms were present. Straight leg raise caused low back pain. Sensation was decreased in the left L5 and S1 dermatomes. Reflexes were 1+ at the knees and ankles. The IW was on modified work duty. Treatments included chiropractic care and medications (Voltaren gel, Lidoderm patch, Topiramate and Tizanidine). A Request for Authorization dated 8-20-15 was received for A.R.T. interferential stimulator (30-day trial) for the lumbar spine. The Utilization Review on 8-27-15 non-certified the request for A.R.T. interferential stimulator (30-day trial) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T. Interferential Stimulator (30 day trail) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, under Interferential Stimulators.

Decision rationale: The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985). Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005). Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The trial request is not medically necessary.