

Case Number:	CM15-0189660		
Date Assigned:	10/01/2015	Date of Injury:	03/01/2013
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 3-01-2013. The injured worker was being treated for lumbar intervertebral disc disorder with myelopathy, status post lumbar discectomy, and sciatica. Treatment to date has included diagnostics, lumbar spinal surgery 9-15-2014, physical therapy, and medications. Currently (9-04-2015), the injured worker complains of lumbar pain, right pelvic pain, right buttock pain, and right posterior leg pain. He rated pain 2 out of 10, current and at best, and 4 out of 10 at worst (on 6-23-2015 pain ratings were 2 out of 10 "right now", 5 out of 10 at worst, and 1 at best). He also reported "numbness tingling right foot pain" noticed approximately 30% of the time, dizziness, anxiety and stress, and insomnia. He reported feeling better with pain medication and rest, noting worsened symptoms with walking, standing, bending, lifting, lying and sitting. Exam noted palpable tenderness at the lumbar, bilateral sacroiliac, sacral, and bilateral buttock areas. Lumbar range of motion was decreased. A computerized muscle strength evaluation was documented. His function with activities of daily living was not described. A Functional Capacity Evaluation (8-17-2015) noted that he "appears to move very slowly due to pain" and "has severe difficulty changing from standing to seating position". The treating physician documented that interferential unit rental unit had been beneficial in providing relief at home. He was prescribed topical compound cream, Naproxen, and Prilosec. His work status remained total temporary disability. Per the Request for Authorization dated 9-04-2015, the treatment plan included purchase of an interferential stimulator unit, non-certified by Utilization Review on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interferential current stimulator unit: 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): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. In this case, there is evidence of a one-month trial with an interferential stimulator and associated pain relief. However, there is no discussion of functional improvement associated with its use. Additionally, this appears to be an isolated treatment, therefore the request for purchase of interferential current stimulator unit is determined to be not medically necessary.