MAXIMUS Federal Services

Case Number:	CM15-0190529		
Date Assigned:	10/02/2015	Date of Injury:	10/20/2014
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
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 56 year old female with an industrial injury date of 10-20-2014. Medical record review indicates she is being treated for spinal stenosis - lumbar, anomaly of spine and ACQ spondylolisthesis. She was status post anterior lumbar decompression and discectomy with complete decompression of central spinal canal and nerve roots bilaterally 09-08- 2015. Subjective complaints (09-17-2015) included low back pain rated as 7 out of 10. Objective findings (09-17-2015) revealed the wound was clean, neuro was within normal limits - lower extremity and calves were soft and non-tender. The treating physician documented x-ray showed good position of hardware - lumbar 5-sacral 1. Prior treatment included surgery. The treating physician was requesting an IF unit with garment for post op pain control-rehab. Her medication included Soma. On 09-24-2015 utilization review denied the request for IF (Interferential) unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit with garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Chronic Pain (August 2008) page 189.

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

Decision rationale: According to the guidelines an IF unit is 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. 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. In this case, the IF unit was ordered for post-op pain. Adjunctive treatment measure were not noted. Post-op pain management, failure of other modalities and length of treatment was not noted. The request for the IF unit is not medically necessary.