MAXIMUS Federal Services

Case Number:	CM15-0191814		
Date Assigned:	10/05/2015	Date of Injury:	05/03/2007
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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, 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:

This is a 35 year old male patient who sustained an industrial injury on 5-3-07. The diagnoses include lumbar sprain and strain, as well as lumbar radiculopathy left L5-S1 "confirmed on EMG on 2-25-08". Per the doctor's note dated from 3-20-15 to 9-16-15, he had complaints of lumbar spine pain, "worse" on the 9-16-15 visit. The physical examination revealed tenderness to palpation and spasm of the lumbar spine, SLR positive at 60 degrees, decreased range of motion and strength. The medications list includes norco, gabapentin, pantoprazole, cyclobenzaprine and topical compound cream. Past surgical history includes appendectomy. He has had multiple diagnostic studies including an MRI of the lumbar spine dated 10/11/2012 which revealed a 5.5 millimeter disc protrusion at L5-S1 and an EMG on 2-25-08. Treatment has included a lumbar epidural steroid injection on 1-30-08. The records indicate he had "greater than 80%" relief for "greater than 8 weeks". He had physical therapy, acupuncture, and aqua therapy. He is currently (9-16-15) "permanent and stationary". The treatment recommendations include an interferential unit and a surgical referral to evaluate the lumbar spine. The utilization review (9- 28-15) indicates a request for an interferential stimulator unit purchase, electrodes, batteries, set- up and delivery. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit purchase, electrodes, batteries, set up and delivery: 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: Interferential stimulator unit purchase, electrodes, batteries, set up and delivery. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: 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.)." Failure of conservative measures like physical therapy or pharmacotherapy for this patient is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of Interferential stimulator unit purchase, electrodes, batteries, set up and delivery is not fully established for this patient at this juncture.