

Case Number:	CM15-0192365		
Date Assigned:	10/06/2015	Date of Injury:	04/12/2014
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
 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 28-year-old female, who sustained an industrial-work injury on 4-12-14. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral neuritis, lumbosacral disc degeneration. Treatment to date has included medication, lumbar steroid injections (2), and diagnostics. MRI results were reported on 9-4-15 that demonstrated small posterior central disc extrusion at L3-4 causing only mild central stenosis without foraminal stenosis, there is also a disc bulge at L5-S1 causing mild bilateral neural foraminal stenosis. X-rays demonstrate severe DDD (degenerative disc disease) at L5-S1. Currently, the injured worker complains of continued and increased low back pain and left lower extremity pain that extends into the left buttock down to the heel. She had not returned to work. Per the primary physician's progress report (PR-2) on 9-1-15, exam noted normal gait, tenderness to palpation to the lumbar spine, and motor strength at 5 out of 5 to the lower extremities. The Request for Authorization requested service to include 30 day Meds-4 interferential (IF) unit with garment to lumbar. The Utilization Review on 9-14-15 denied the request for 30 day Meds- 4 interferential (IF) unit with garment to lumbar, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day Meds-4 interferential (IF) unit with garment to lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The criteria as set forth above per the California MTUS have not been met in the provided clinical documentation for review. There is no evidence of diminished pain control from previous treatment modalities or substance abuse. Therefore, the request is not medically necessary.