Case Number:	CM15-0193318		
Date Assigned:	10/07/2015	Date of Injury:	04/01/2013
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with a date of injury on 4-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for back pain, right knee and left shoulder pain. Progress report dated 8-11-15 reports she does not want to proceed with left shoulder surgery or lumbar spine surgical consult. She states lumbar epidural steroid injection helped in the past and she would like to try again. She has continued complaints of pain that is described as constant, severe, dull, cramping, burning, numbness, weakness, achy and sore. Objective findings: lumbar spine; wide stance with limp favoring left extremity, positive Kemp and 4 out of 5 grade motor strength left lower extremity. Left shoulder; positive crepitus, positive impingement, 4 out of 5 grade flexion and abduction.MRI of lumbar spine 4-23-15 reveals scoliotic curvature, grade 1 anterolisthesis of L4-5, severe high grade central canal stenosis, disc protrusion. Treatments include: medication, physical therapy, chiropractic, injections and home exercise. Request for authorization dated 9-3-15 was made for interferential unit. Utilization review dated 9-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

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

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of mediation or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore this request is not medically necessary.