

Case Number:	CM15-0194839		
Date Assigned:	10/09/2015	Date of Injury:	06/19/2014
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 29 year old male patient who sustained an industrial injury on 6-19-2014. The diagnoses include displacement of intervertebral disc, site unspecified, without myelopathy and Lumbago. Per the doctor's note dated 8-12-2015 he had complaints of pain in the thoracolumbar spine rated a 10 out of 10. Pain had gotten worse since the last visit. Physical examination revealed unchanged from the prior visit. The medications list includes Norco and topical medications. He had recent lumbar spine MRI dated 6/26/2015 which revealed disc bulges and facet hypertrophy at L4-5 and L5-S1 with mild central canal and bilateral foraminal stenosis at L4-5. Prior surgery related to the injury was not specified in the records provided. He had trigger point injection on 8/12/15 for this injury. Utilization review form dated 9-11-2015 noncertified interferential unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit 30-60 Day Rental, Purchase if Effective for Lumbar Spine: 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: 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 request for an IF Unit 30-60 Day Rental, Purchase if Effective for Lumbar Spine is not medically necessary or fully established for this patient at this juncture.