

Case Number:	CM15-0200250		
Date Assigned:	10/15/2015	Date of Injury:	07/08/2011
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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:

The injured worker is a 63 year old female who sustained an industrial injury on 7-8-11. A review of the medical records indicate the worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy and lumbago. Subjective complaints (9-10-15) include no changes in progress and the worker indicates "can feel the spinal column narrowing" and pain is rated 8 out of 10. Objective findings (9-10-15) include continued significant pain to the lumbar spine. Physical therapy was approved but not yet started. Xrays of the thoracic and lumbar spine were noted to show loss of lumbar lordosis. Work status is to remain off work until 11-1-15. Previous treatment includes physical therapy and epidural injection. The requested treatment of IF (interferential) unit for 30-60 days (with purchase if effective for long term care with supplies was denied on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit Rental for 30-60 Days (with Purchase if Effective for Long Term Care) with Supplies: 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: The patient was injured on 07/08/11 and presents with thoraco-lumbar spine pain. The request is for an IF UNIT RENTAL FOR 30-60 DAYS (WITH PURCHASE IF EFFECTIVE FOR LONG TERM CARE) WITH SUPPLIES to manage pain and reduce medication use. There is no RFA provided and the patient is to remain off of work until 11/01/15. Review of the reports provided does not indicate any prior IF unit use. MTUS Guidelines, Interferential Current Stimulation (ICS), pages 118 - 120 state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy and lumbago. Treatment to date includes physical therapy and epidural injection. The treater is requesting authorization "for the patient to receive an interferential unit for 30-60 day rental and purchase if effective for long term care with supplies as needed to manage pain and reduce medication usage. Patient is instructed to commence physical therapy program to regain core strengthening." MTUS Guidelines require a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, the requested 30-60 day trial with the interferential unit exceeds what is allowed by MTUS Guidelines. Therefore, the request as written IS NOT medically necessary.