MAXIMUS Federal Services

Case Number:	CM15-0201080		
Date Assigned:	10/16/2015	Date of Injury:	12/18/2012
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
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: Arizona, 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:

The injured worker is a 37 year old female who sustained an industrial injury on 12-18-12. A review of the medical records indicate the worker is undergoing treatment for herniated disc and annular disc tears at L5-S1, severe muscle spasm-lumbar region, right mild radiculopathy-lower extremity, chronic back pain, and right sciatica. Subjective complaints (10-1-15) include low back pain rated 9-10 out of 10 most of the time, numbness on the right gluteal region, cramping and periodic "intense" sharp shooting pain down the right buttock into the leg. Objective findings of the lumbar spine (10-1-15) include "moderately" severe muscle spasm of the right lumbar region with developing fibromuscular nodule, flexion is 45 degrees, fingertips to floor is 15 inches, extension is 10 degrees, side bending is 15 degrees, right rotation is 20 degrees, left is 25 degrees, sitting and supine straight leg raise is positive, facet test is positive bilaterally, Kemp test is positive on the right, sensory function is diminished on the right lateral aspect of the length from the knee to the heel. The physician reports very little relief of pain without response to treatment. Treatment has included electromyography, nerve conduction studies, physical therapy, acupuncture, chiropractic treatment, medications, trigger point injections, and lumbar epidural steroid injections (9-25-15) with 50% pain relief reported. A request for authorization is dated 10-1-15. The requested treatment of an interferential unit and supplies (rental or purchase) was non-certified on 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit & supplies (rental or purchase): 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: According to the guidelines an IF unit 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant has already undergone numerous interventions as noted above. There is no evidence that IF unit will provide better or lasting benefit vs. all prior modalities which have evidence for support. In addition, long-term or indefinite use of IF unit is not justified. The request for the rental/purchase is not medically necessary.