

Case Number:	CM15-0201931		
Date Assigned:	10/16/2015	Date of Injury:	09/14/2011
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 49 year old male with an industrial injury dated 09-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine musculoligamentous sprain and strain with radiculitis and lumbar spine disc herniation with radiculopathy. According to the progress report dated 07-08-2015 and 08-19-2015, the injured worker reported low back pain. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Objective findings (07-08-2015, 08-19-2015) revealed tenderness to palpitation over the paraspinal, which remained the same since his last visit, restricted range of motion and positive bilateral straight leg raises. There were no changes on neurocirculatory exam. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The injured worker was on temporary total disability. Treatment plan consists of physical therapy, medication management, lumbar spine support, and prime inferential therapy unit. The utilization review dated 09-23-2015, non-certified the request for prime inferential therapy unit (IF 4000) to manage-reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Interferential Therapy Unit (IF 4000) to Manage/Reduce Pain: 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: Prime Interferential Therapy Unit (IF 4000) to Manage/Reduce Pain is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial 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. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had the recommended one month trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the interferential unit. The request is not medically necessary.