

Case Number:	CM15-0202942		
Date Assigned:	10/19/2015	Date of Injury:	02/01/2013
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 52 year old female, who sustained an industrial injury on 2-1-2013. The injured worker was being treated for lumbago and chronic pain syndrome. Medical records (6-15-2015, 7-27-2015) indicate low back pain radiating down the right leg and right leg weakness. The physical exam (6-15-2015, 7-27-2015) reveals motor give way throughout the right lower extremity, ability to heel and toe walk but was unsteady, and intact sensory exam. Medical records (8-11-2015, 8-24-2015) indicate pain, numbness and tingling in the low back and hips, extending into the right leg. The physical exam (8-24-2015) reveals decreased sensation of the right S1 (sacral 1), decreased motor strength at the right L5 (lumbar 5), a negative right heel walk, normal left heel walk, and normal bilateral toe walk. The treating physician noted a marked loss of lumbar range of motion, but was unable to quantify due to the injured worker's lack of effort due to pain complaints. There is a palpable prominent spinous process around the L2-3 (lumbar 2-3) level and a well-healed midline incision. The MRI dated 4-17-2015 stated posterior spinal instrumentation at L5-S1, L3-5 (lumbar 3-5) laminectomies, and interbody grafts at L4-5 and L5-S1. There is an old compression fracture at L3. There are findings suggestive of arachnoiditis. There is moderate central canal stenosis at L2-3 and multilevel neural foraminal narrowing, most severe at L5-S1. Surgeries to date have included a decompression and fusion at L4-5 (lumbar 4-5). Per the treating physician (8-24-2015 report), x-rays of the lumbar spine revealed status post L3-S1 posterior spinal fusion with instrumentation, collapse at L2-3 with kyphosis, a healed L3 fracture, and interbody cages at L4-5 and L5-S1. Treatment has included physical therapy, and medications including Subaxone, Gabapentin, Valium, and Tizanidine. Per the treating physician (8-24-2015 report), the injured worker has not returned to work. On 9-16-2015, the requested treatments included an interferential unit for the lumbar spine. On 9-22-2015, the original utilization review non-certified a request for an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Purchase- Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Interferential Unit Purchase-Lumbar Spine, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: "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.)." The injured worker has low back pain radiating down the right leg and right leg weakness. The physical exam (6-15-2015, 7-27-2015) reveals motor give way throughout the right lower extremity, ability to heel and toe walk but was unsteady, and intact sensory exam. Medical records (8-11-2015, 8-24-2015) indicate pain, numbness and tingling in the low back and hips, extending into the right leg. The physical exam (8-24-2015) reveals decreased sensation of the right S1 (sacral 1), decreased motor strength at the right L5 (lumbar 5), a negative right heel walk, normal left heel walk, and normal bilateral toe walk. The treating physician noted a marked loss of lumbar range of motion, but was unable to quantify due to the injured worker's lack of effort due to pain complaints. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential Unit Purchase- Lumbar Spine is not medically necessary.