

Case Number:	CM15-0203927		
Date Assigned:	10/20/2015	Date of Injury:	06/22/1987
Decision Date:	12/02/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male who sustained an industrial injury on 6-22-87. A review of the medical records indicates he is undergoing treatment for severe left hip degenerative joint disease, status post left greater trochanter bursitis, left total hip replacement 7-21-14, L4-5 and L5-S1 stenosis, right lower extremity radiculopathy, and L4-5 and L5-S1 facet arthropathy. Medical records (7-14-15, 8-11-15, 8-24-15, and 9-8-15) indicate ongoing complaints of low back pain, rating "8 out of 10" without medications and "4-5 out of 10" with medication. He reports associated numbness and right anterior thigh pain, rating "5 out of 10" without medications and "2 out of 10" with medications. He also complains of left hip pain, rating "7-8 out of 10" without medications and "3-4 out of 10" with medications. He reports that his symptoms affect his activities of daily living with difficulty in bathing, dressing, toileting, walking, and climbing stairs (9-8-15). The physical exam (9-8-15) reveals a normal gait. No palpable tenderness is noted of the lumbar paravertebral muscles bilaterally, the sacroiliac joints bilaterally, over the sciatic notches, or over the flanks bilaterally. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included physical therapy and medications. He was authorized for a lumbar epidural steroid injection, however, the authorization expired prior to administration of the injection. The treatment recommendations include a request for authorization of the lumbar epidural steroid injection and renewal of medications. The request for authorization (9-4-15) includes an interferential stimulator and supplies. The utilization review (10-10-15) includes the request and denial of the interferential stimulator and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interferential stimulator with electrodes, lead wires and batteries: 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): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As there is insufficient medical evidence regarding use in this clinical scenario, an Interferential Current Stimulator unit is not supported by the guidelines. Therefore, the request for supplies for the unit are also not medically necessary.