MAXIMUS Federal Services

Case Number:	CM15-0208206		
Date Assigned:	10/27/2015	Date of Injury:	02/25/2011
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 2-25-11. The injured worker was diagnosed as having lumbar sprain; lumbar radiculopathy. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; TENS unit; medications. Diagnostics studies included MRI lumbar spine (6-11-15). Currently, the PR-2 notes dated 9-16-15 indicated the injured worker returns on this day for a follow-up of the low back pain. The provider notes "the low back pain which remains constant 4 out of 10. She uses a four wheeled walker." Objective findings are noted as lumbar range of motion flexion 25 degrees and extension 5 degrees, right lateral flexion 10 degrees and left lateral flexion 10 degrees. The treatment plan recommends a MRI of the sacrum and coccyx to assess for trauma. She is to continue performing her home exercise program as tolerated. The injured worker has a MRI scan of the lumbar spine 6-11-15 that is reported "L5-S1: There is a 2mm rightward bulge with a mild to moderate right neural foraminal stenosis. The central canal is otherwise maintained." The injured worker had been using a TENS unit and the provider requested "batteries" to replace the non-working ones. The medical documentation submitted for review does not relate to the requested Interferential current equipment and supplies for lumbar spine X 2 months. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 10-15-15 and non-certification for Interferential current equipment and supplies for lumbar spine X 2 months. A request for authorization has been received for Interferential current equipment and supplies for lumbar spine X 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential current equipment and supplies for lumbar spine X 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic; Pain; Knee & Leg (Acute & Chronic), Interferential therapy, Introduction, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or pairing with other treatments other than the continued unchanged maintenance home exercise program. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a two-month rental of an interferential unit with supplies for use at the lumbar spine region is not medically necessary.