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| Case Number: | CM15-0023082 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 05/18/2014 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 05/18/2014 with a mechanism of injury stated as she was pushing a box weighing approximately 20 pounds with her foot when she began to develop lower back pain. Other treatments included chiropractic care and physical therapy. She was diagnosed with lumbar spine multiple disc protrusions with radiculitis, rule out radiculopathy. A previous request was made for Interspec IF 2 and supplies which was denied based on no recommendation for use of interferential therapy as an isolated intervention. She had also not utilized the equipment on a trial basis prior to requested purchase. A previous MRI had identified degenerative disc disease and neural foraminal stenosis with nerve root impingement. In addition to formal therapy, the injured worker had utilized oral analgesics to include opioids to help relieve her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF (Interferential) II unit purchase and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: According to the California MTUS Guidelines, because this equipment is not recommended as an isolated intervention and without indication that the injured worker would be utilizing this in conjunction with another evidenced based treatment modality, the requested service cannot be supported. Additionally, the guidelines indicate that there has been a lack of evidenced-based studies for treatment of back pain with the use of interferential current stimulation. Therefore, without established support for use of this equipment, the request is not considered medically necessary.