

Case Number:	CM15-0028518		
Date Assigned:	02/23/2015	Date of Injury:	01/23/2009
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/16/2015

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: California

Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on January 23, 2009. He has reported hitting a plantar with his left knee causing him to fall and hit both knees on the ground. The diagnoses have included lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, rule out lumbar disc protrusion, right knee pain, right knee sprain/strain, and rule out right knee internal derangement. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of constant low back pain and stiffness and right knee pain. The Primary Treating Physician's report dated October 31, 2014, noted lumbar spine range of motion (ROM) decreased and painful, with tenderness to palpation of the lumbar paravertebral muscles with spasm, and sitting straight leg raise positive bilaterally. The right knee was noted to have tenderness to palpation of the anterior right knee, lateral knee, medial knee, and posterior knee. On January 23, 2015, Utilization Review non-certified a home interferential unit purchase for the lumbar spine, modifying the request to approve a one month home based interferential unit trial, that with a clear report of how often the unit was used and a report of functional improvement, purchase would be considered. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of a home interferential unit purchase for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME INTERFERENTIAL UNIT PURCHASE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The medical Disability Advisor Official Disability Guidelines Integrated Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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 methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Official Disability Guidelines (ODG) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Medical records document a history of low back complaints. MTUS, ODG, and Work Loss Data Institute guidelines do not support the request for a interferential unit. Therefore, the request for an interferential unit is not medically necessary.