

Case Number:	CM15-0213329		
Date Assigned:	11/03/2015	Date of Injury:	08/05/2005
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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: 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:

This 62 year old man sustained an industrial injury on 8-5-2005. Diagnoses include lumbar spondylolisthesis, thoracic strain, depression, and anxiety. Treatment has included oral medications. Physician notes dated 9-9-2015 show complaints of low back pain without radicular symptoms. The physical examination shows results of an undated lumbar spine MRI only. Recommendations include replacement interferential unit and patches. Utilization Review denied a request for interferential unit replacement with supplies on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Replacement Interferential Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The current request is for 1 REPLACEMENT INTERFERENTIAL UNIT AND SUPPLIES. Treatment history include physical therapy, chiropractic treatments, trigger point injections, psychological evaluation, and medications. The patient is not working. MTUS,

Interferential Current Stimulation (ICS) Section, pages 118-120 states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.) if those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Per report 03/18/15, the patient presents with lower back pain with no radicular symptoms. The treater requested a cane and IF unit and patches. Subsequent progress reports provide no discussion regarding an IF unit. On 09/09/15, the treater requested "replacement IF unit, and patches with VQ Orthocare." The treater does not discuss the patient's pain to be ineffectively controlled with medications, substance abuse, post op pain, or unresponsive to conservative measures to warrant the use of an IF unit. In addition, there is no documentation of increased functional improvement, reduced pain, or decrease in medication intake with prior use. MTUS supports a one-month trial for treater to study efficacy and show evidence of functional improvement. Given this patient has used the unit with no documentation of specific efficacy and functional benefit, the request is not medically necessary.