

Case Number:	CM15-0217237		
Date Assigned:	11/09/2015	Date of Injury:	10/01/2008
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 47 year old male who sustained an industrial injury October 1, 2008. Past history included status post L4-5 lumbar fusion November 2012, depressive disorder with suicidal ideation. Diagnoses are transitional lumbar anatomy; multilevel cervical spondylosis with pain; chronic pain syndrome; xerostomia, gastritis, bruxism, obstructive sleep apnea. According to a treating physician's progress report dated August 25, 2015, the injured worker presented for a follow-up complaining of low back pain which radiates into the bilateral buttocks. He reports the pain intermittently radiates all the way into the right leg with associated numbness and tingling. Objective findings included; lumbar spine is tender to palpation; negative straight leg raise and full range of motion and strength to bilateral lower extremities. Treatment plan included continued medication, physical therapy, psychologist evaluation, and at issue, the request for authorization for an interferential unit. According to utilization review dated October 7, 2015, the request for DME IF unit with supplies is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Medical, and Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy." MTUS further states regarding interferential units, not recommended as an isolated intervention and details the criteria for selection: 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. The available medical record does not indicate that this IW has failed other more conservative pain control measures, that there are concerns for substance abuse, or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. Further, there is no evidence presented of a prior 30 day trial or the results thereof. As such, the request for an interferential unit with supplies is not medically necessary.