MAXIMUS Federal Services

Case Number:	CM15-0219038		
Date Assigned:	11/10/2015	Date of Injury:	03/14/2003
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 3-14-03. The injured worker was diagnosed as having lumbar sprain of ligaments; thoracic spine sprain of ligaments. Treatment to date has included medications. Currently, the PR-2 notes dated 10-8-15 indicated the injured worker complains of left posterior leg, left posterior knee, left ankle, left calf, mid thoracic, lower thoracic, left mid-thoracic and left-lower thoracic pain. The provider notes "He rates his discomfort right now as 7 out of 10 and noticeably approximately 70% of the time. The discomfort is its worst 8 out of 10 and best it is a 5." He reports numbness and tingling at the left posterior knee, left calk and left ankle and left posterior leg pain approximately 10% of the time. His symptoms are worse when performing driving, sleeping, sitting, walking, pushing, pulling, jumping and cleaning. He experiences dizziness and has a history of vomiting after dizzy spells. He reports insomnia and reports feeling better with rest and electric stimulation. He also reports a surgical history of a left arm fracture over 30 years ago; 2 low back surgeries and w lumbar fusion in 2010 along with a second surgery to remove the hardware from the original surgery. The provider documents a physical examination and notes a decrease in lumbar range of motion. The provider's treatment plan indicated this was a "new patient" evaluation on this date and the injured worker has asked for this provider to take over this treatment. The provider has requested an Interferential Stimulator unit 30 day rental for home use and pain relief purposes. A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 10-14-15 and non-certification for Interferential Stimulator unit 30 day rental. A request for authorization has been received for Interferential Stimulator unit 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator unit 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, it appeared that medications have not significantly controlled the worker's chronic pain and an ICS unit was requested for a one month trial. Although this is reasonable to consider, there was not enough evidence found in the documentation that a formal plan for physical exercise/functional conditioning to go along with the use of this device, which is required as this isn't a primary modality. Therefore, this request is not medically necessary until this is planned and documented.