

Case Number:	CM15-0034668		
Date Assigned:	03/03/2015	Date of Injury:	06/19/2013
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on June 19, 2013. He has reported low back pain radiating to the right knee and dorsal foot. The diagnoses have included diffuse lumbar spondylosis. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work modifications. Currently, the IW complains of low back pain with radiating pain to the right lower extremity and foot. The injured worker reported an industrial injury in 2013, resulting in aggravated chronic pain in the low back and right lower extremity. He reported stable back pain with periods of flare-ups. It was noted he had several previous industrial injuries and the injury in 2013 aggravated the chronic condition. He reported using the restroom after a full day's work and feeling pain in the low back and right lower extremity. He reported requiring assistance to leave the restroom. Radiographic imaging revealed diffuse spondylosis without spinal cord compression. He has been treated with acupuncture, physical therapy and chiropractic care with only temporary benefit. Evaluation on August 1, 2014, revealed continued intermittent flare-ups. Evaluation on November 3, 2014, revealed continued pain. Pain injections and other treatment modalities were discussed. On February 9, 2015, Utilization Review non-certified a request for A.R.T. interferential stim rental for 30 days, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested A.R.T. interferential stim rental for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T. interferential stim rental for 30 days: Upheld

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

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

Decision rationale: The California MTUS guidelines recommends the use of an inferential current stimulator if pain is ineffectively controlled due to diminished effectiveness of medications or other conservative measures or there are issues with side effects or history of significant abuse. The progress note dated December 23, 2015 does indicate decreased effectiveness of the usage of Percocet and Norco however there was a request for MS IR on the same date. There is no request for an inferential current stimulator in this progress note. As there is a current trial of MS IR, this request for an inferential current stimulator is not medically necessary at this time.