

Case Number:	CM15-0036410		
Date Assigned:	03/04/2015	Date of Injury:	08/20/2013
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34-year-old male who sustained an industrial injury on 08/20/13. He reports lumbar spine pain. Diagnoses include degeneration of lumbar intervertebral disc with myelopathy, lumbar musculoligamentous injury, and lumbar radiculopathy. Treatments to date include medications. In a progress note, dated 01/13/15 the treating provider recommends continued medications and an interferential unit for home use. On 01/30/15 Utilization Review non-certified the interferential unit, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), p118-120 Page(s): 118-120.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included epidural steroid

injections, medications, and the claimant is noted to be morbidly obese. Continued use of an interferential stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial of home use. In this case, the claimant has not undergone a trial of interferential stimulation and therefore purchase of a home interferential unit is not medically necessary.