

Case Number:	CM15-0038516		
Date Assigned:	03/09/2015	Date of Injury:	07/23/2014
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on 7/23/2014. The diagnoses have included lumbosacral neuritis, lumbar/sacral disc degeneration. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/19/2015, the injured worker complained of continued pain and weakness to the lumbar spine. She also reported experiencing cramping in the stomach. She rated her pain as 7/10. She reported that lumbar spine pain radiated down to her right hip and right foot. X-rays were taken of the thoracic spine and lumbar spine showing loss of lumbar lordosis. Authorization was requested for an Interferential unit for 30-60 day rental and purchase if effective for long term care with supplies as needed to manage pain and restore function. She was prescribed Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty to sixty day rental and purchase of an interferential unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, 30 - 36 day rental and purchase IF unit and supplies is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are L5 - S1 disc space narrowing; L4 - L5 low-grade degenerative anterolisthesis; and right lumbosacral radiculitis. The documentation indicates the injured worker is noncompliant with the medications. A urine drug screen was performed December 8, 2014. The drug screen was inconsistent for Soma and Norco. Soma was not prescribed by the treating physician and Norco was prescribed but not present in the UDS. An indication for ICS is based on whether the injured worker is responsive to conservative measures. If the injured worker is noncompliant with medications, one cannot ascertain whether the injured worker is responsive to conservative measures. Additionally, a 30-day clinical trial would be indicated prior to purchase of an ICS unit. Stated differently, the purchase would not be necessary without a successful clinical trial. Consequently, absent clinical documentation of unresponsiveness to conservative measures (noncompliance with prescription medications) and purchasing unit prior to a clinical trial, 30 - 36 day rental and purchase IF unit and supplies is not medically necessary.