

Case Number:	CM15-0043510		
Date Assigned:	03/13/2015	Date of Injury:	08/09/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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 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:

This 54 year old male sustained an industrial injury to the back on 9/9/14. Previous treatment included physical therapy, chiropractic therapy, magnetic resonance imaging and medications. In an orthopedic surgery initial evaluation dated 11/13/14, the injured worker complained of low back pain 4-5/10 on the visual analog scale with radiation to the right buttock and leg. Physical exam was remarkable for normal lumbar lordosis, some tenderness to palpation in the back with flexion and extension, full range of motion with normal stability, some increased paraspinal spasms, and right lower extremity with decreased sensation and 4/5 strength. Current diagnoses included L4-5 degenerative spondylolisthesis, L3-4 and L4-5 stenosis and L5-S1 disc herniation. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (purchase) low back: Upheld

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

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

Decision rationale: According to MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy. A one-month trial may be appropriate in cases where pain is ineffectively controlled due to diminished effectiveness of medication due to side effects, there is a history of substance abuse, there is significant post-operative pain, or if the patient is unresponsive to conservative measures. There is no indication for use of this treatment. The documentation failed to reveal evidence of diminished effectiveness of medications or side effects. Medical necessity for the requested interferential unit has not been established. The requested treatment is not medically necessary.