

Case Number:	CM15-0044381		
Date Assigned:	03/16/2015	Date of Injury:	12/04/2013
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
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: 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 42 year old male, who sustained an industrial injury on 12/04/2013. On provider visit dated 01/07/2015 the injured worker has reported cervical and lumbar spine pain. On examination he was noted to have a pain with range of motion and paraspinals spasm was noted as positive for thoracolumbar spine. The diagnoses have included cervical spine myoligamentous injury and lumbar spine myoligamentous injury rule out herniated nucleus pulposus. Treatment to date has included MRI, home exercise program and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit with Garment Lumbar Spine (2 months rental): Upheld

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

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

Decision rationale: The claimant has a history of a work injury occurring in December 2013. When seen by the requesting provider he was having neck and low back pain. The request is for

a two month rental of an interferential unit with garment to be used as an adjunct to physical therapy treatments. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, a two month trial is being requested. If, after a one month trial there was demonstrated benefit, then purchase of a unit for home use would be indicated. Therefore, the requested two month trial is not medically necessary.