

Case Number:	CM15-0049545		
Date Assigned:	03/23/2015	Date of Injury:	06/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 35 year old female, who sustained an industrial injury on 6/18/12. She reported pain in the lower back due to lifting a heavy object. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc protrusion and lumbar myospasm. Treatment to date has included lumbar MRI, back surgery, interferential unit, EMG/NCV study and pain medications. As of the PR2 dated 2/23/15, the injured worker reports back pain with radicular complaints and stiffness in the lumbar spine. The treating physician noted pain with lumbar range of motion and a positive straight leg raise test. The treating physician requested an interferential unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 120.

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

Decision rationale: The patient presents with back pain radiating to lower extremities. The request is for INTERFERENTIAL UNIT WITH SUPPLIES. The request for authorization is not provided. The patient is status-post back surgery, 01/2013. MRI of the lumbar spine, 03/05/14, shows a 5.4mm bulging disc at L4-L5 and a 4mm bulging disc at L5-S1, actual study is not provided. Range of motion of the lumbar spine is restricted. Straight leg raise test is positive, worse on the right. The patient is to take medication as needed. The patient is temporarily totally disabled. MTUS (p118-120) states Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) Per progress report dated, 02/14/15, treater's reason for the request is "I ordered a new IF unit with supplies. The old one is no longer working." In this case, it appears the patient is currently using an IF unit. However, treater does not provide treatment history, how it is being used, how the patient is doing, and why the patient needs to continue its use. MTUS requires documented and proven effectiveness as directed by the physician or provider. Therefore, given the lack of documentation, the request IS NOT medically necessary.