

Case Number:	CM15-0055198		
Date Assigned:	03/30/2015	Date of Injury:	09/02/2014
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 61 year old female who sustained an industrial injury on September 2, 2014. Lumbar spine X-rays were performed on November 19, 2014. The injured worker was diagnosed with lumbosacral strain. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience low back pain described as constant and unchanged. Examination of the lumbar spine demonstrated normal sensory, motor and reflexes of the bilateral upper and lower extremities. Straight leg raise and bowstring were negative. Mild lumbar tenderness and spasm in the paraspinal muscles, normal gait and 10% decreased in lumbar spine range of motion. Current medications were not listed. Treatment plan is physical therapy and the request for an Interferential unit (If).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with low back pain. The request is for Interferential Unit. Patient's diagnosis per Request for Authorization form dated 03/10/15 includes sprain lumbosacral. Physical examination of the lumbar spine on 03/09/15 revealed muscle spasms in the paraspinal musculature, normal gait and 10% decrease in range of motion. Per RFA dated 12/08/14, treater requested physical therapy, Anaprox and Ultram. Patient is working full-duty, per treater report dated 03/09/15. 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.)Treater has not discussed reason for the request, nor how the device will be used. The reports show the requested treatment is not intended as an isolated intervention as the treater has requested medications and physical therapy. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. Treater has not specified whether unit is for rental or home use, either. The request does not meet guideline recommendations. Therefore, the interferential unit is not medically necessary.