

Case Number:	CM15-0057554		
Date Assigned:	04/02/2015	Date of Injury:	03/07/2011
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 55 year old male who sustained an industrial injury on 03/07/2011. Diagnoses include failed back surgery status post lumbar fusion, spondylolisthesis with bilateral lower extremity radiculopathy, anxiety and depression, mood swings, and difficulty sleeping. Treatment to date has included surgery, diagnostic studies, medications, physical therapy, home care, nerve blocks, and home exercise program. A physician progress note dated 01/30/2015 documents the injured worker has continued complaints of low back pain with bilateral lower extremity radiculopathy with a numbness and tingling sensation. Pain is rated at 8 out of 10 on the pain scale. He has paravertebral muscle guarding and spasms over the lumbar spine junctions. Straight leg raise test was positive bilaterally. Lumbar spine range of motion was limited on all planes. Pain with medications is 4 out of 10 and without medications 6 out of 10. A prescription is present for an interferential stimulator is present with documentation dated 02/04/2015. Treatment requested is for Interferential Unit, 30-day trial, for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit, 30 day trial, for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential therapy.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Interferential Unit, 30-day trial, for the lower back. The treating physician states, "Interferential Unit 1 month rental." The treating physician also documented that the patient does have decreased pain with the use of medication, from a 6/10 to a 4/10. (39B) The MTUS guidelines state, "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. 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.)." In this case, the treating physician has documented that the pain is effectively controlled with medication but did not document if the patient has been unresponsive to other therapies. The current request is not medically necessary and the recommendation is for denial.