

Case Number:	CM15-0059533		
Date Assigned:	04/06/2015	Date of Injury:	05/27/2004
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 5/27/04. He reported pain in the lower back and lower extremities related to cumulative trauma. The injured worker was diagnosed as having multilevel disc herniation and status post L3-L5 decompressive laminectomy. Treatment to date has included a lumbar MRI, EMG/NCV study of the lower extremities and pain medications. As of the PR2 dated 2/4/15, the injured worker reports continued low back and lower extremity pain and increased weakness. He stated the medications and interferential unit are providing relief of his symptoms. The treating physician noted decreased range of motion was decreased and painful in all planes. The treating physician requested continued use of an interferential unit and electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
 Page(s): 114-121.

Decision rationale: Guidelines do not recommend interferential current stimulation as an isolated intervention as it is not effective unless used concurrently with recommended treatments including return to work, exercise and medications. Indications for interferential current include poor pain control on medications, side effects which limit medication use, history of side effects, or post op pain. If these conditions are met, then a one month trial should be initiated. In this case, the patient was prescribed interferential current stimulation since 11/14. However, there is lack of documentation of functional improvement, reduced pain, and medication reduction. The request for interferential current stimulation and electrodes is not medically appropriate and necessary.