

Case Number:	CM15-0070131		
Date Assigned:	04/17/2015	Date of Injury:	05/23/2014
Decision Date:	09/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45 year old female, who sustained an industrial injury on 5-23-14. The injured worker has complaints of low back pain with some radiation down her both legs. The documentation noted that straight leg raise is positive. There is tenderness to palpation of the L3-L5 spinous processes, left S1 (sacroiliac) joint, lumbar paravertebral muscles, right gluteus and right S1 (sacroiliac) joint. There are muscle spasm of the lumbar paravertebral muscles, right gluteus and thoracolumbar junction. The diagnoses have included lumbar pain; lumbar radiculopathy and lumbar sprain and strain. Treatment to date has included injections; L4-L5 and L5-S1 (sacroiliac) facet blocks; ibuprofen; acetaminophen; home exercise program and transcutaneous electrical nerve stimulation unit. The request was for interferential unit (purchase) with electrodes (4 pack x 10) and batteries (x 10).

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit (purchase) with electrodes (4 pack x 10) and batteries (x 10): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The patient is a 45 year old female with an injury on 05/23/2014. She has low back pain with radiation to both lower extremities. MTUS, ACOEM guidelines page 300 note that inferential unit treatment has no proven efficacy in the treatment of low back symptoms. It is not medically necessary for this patient.