

Case Number:	CM15-0074058		
Date Assigned:	04/24/2015	Date of Injury:	08/30/2005
Decision Date:	08/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male with an industrial injury dated 08/30/2005. The injured worker's diagnoses include posttraumatic cephalgia, temporomandibular joint pain, cervical radiculopathy, thoracic radiculopathy, status post two lumbar fusion surgeries and hardware removal, radicular neuropathic lumbar pain with features of sympathetically mediated pain, chest pain episodes with shortness of breath, sleep impairment, sexual dysfunction and emotional distress due to chronic pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In the most recent progress note dated 01/13/2015, the injured worker reported left TMJ (temporomandibular joint) pain with clicking, neck pain with radiation into bilateral arms with tingling, interscapular pain, positive L'hermitte's sign, middle and lower back pain, left greater than right foot swelling, fragmented sleep and insomnia. Objective findings revealed mildly weak bilateral hand grip, slightly weak left foot dorsiflexion, decreased bilateral sensation at the outer thighs and dorsum of the left more than right foot, slight limp with his left leg, and lumbar more than interscapular and cervical pain. The treating physician prescribed services for DME (durable medical equipment): interferential unit, purchase now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): Interferential Unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 54.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including low back and radiating neck pain and pain affecting the left temporomandibular joint. Treatments have included two lumbar fusions with subsequent hardware removal in March 2014. Diagnoses include post-laminectomy syndrome. When seen, there was a slight limp. Straight leg raising was positive. There was decreased lower extremity sensation. There was weakness of hand grip and slight left ankle dorsiflexion weakness. His BMI was nearly 32. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and purchase of an interferential unit is not medically necessary.