

Case Number:	CM15-0085006		
Date Assigned:	05/07/2015	Date of Injury:	11/28/2014
Decision Date:	06/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female with a November 28, 2014 date of injury. A progress note dated March 25, 2015 documents subjective findings (constant pain of the right ankle rated at a level of 9/10; ankle pain that travels to the right leg; constant lower back pain rated at a level of 8/10; constant pain in the abdominal hernia rated at a level of 7-8/10; anxiety; insomnia), objective findings (decreased range of motion of the lumbar spine; positive straight leg raise bilaterally; tightness and spasms of the paraspinal musculature bilaterally; hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatome bilaterally; weakness of the big toe dorsiflexors and big toe plantar flexor bilaterally; facet joint tenderness at L3, L4, and L5 bilaterally; decreased range of motion of the right foot), and current diagnoses (lumbar spine sprain/strain, rule out lumbar radiculitis/radiculopathy secondary to herniated disc; right foot sprain/strain rule out tendinitis, tarsal tunnel syndrome, plantar fasciitis; ventral hernia). Treatments to date have included multiple hernia surgeries. The treating physician documented a plan of care that included purchase of an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, Not recommended as an isolated intervention" and details the criteria for selection: 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.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/ treatments, or is unresponsive to conservative measures. As such, current request for interferential (IF) unit purchase is not medically necessary.