

Case Number:	CM15-0086135		
Date Assigned:	05/08/2015	Date of Injury:	06/02/2012
Decision Date:	06/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 6/2/12. She reported initial complaints of cervical and lumbar spine; right shoulder and right knee. The injured worker was diagnosed as having unstable L4-5 anterolisthesis; severe spinal stenosis L4-5; right lumbar radiculopathy; right knee internal derangement; right shoulder internal derangement; narcotic dependency. Treatment to date has included lumbar L4-5 epidural steroid injection (5/28/14); acupuncture; narcotic dependency program; medications. Diagnostics included MRI right shoulder (7/13/13) and 5/30/14); EMG/NCV lower extremities (5/20/14); MRI right knee (5/21/14); MRI lumbar spine 1/31/15). Currently, the PR-2 notes dated 4/3/15 indicated the injured worker complains of severe pain throughout her back. She has been recommended for lumbar surgery and has been able to complete her outpatient detox. She states her TENS unit which was helpful in the past and used daily is no longer functioning and brought it into the office this date. She has had a lumbar epidural steroid injection at L4-5 with no benefit (5/28/14). Her physical examination noted she has a restricted gait and antalgic assisted by a four-prong cane. She has severe lumbar spine tenderness and painful lumbar range of motion with abnormal lumbar-pelvic rhythm. The provider notes that all narcotic medications have been discontinued and wants to trial Neurotin 300mg BID for her chronic pain. He is also requesting a replacement of interferential/ TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 replacement of interferential/ TENS unit: 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): 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. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment. 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 no indicate that the patients 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. Although she has been using it until it stopped functioning with some improvement in her pain, there is no documentation of ongoing functional improvement. As such, current request for 1 replacement of interferential unit/TENS unit is not medically necessary.