

Case Number:	CM13-0067165		
Date Assigned:	01/03/2014	Date of Injury:	07/05/2012
Decision Date:	08/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who has submitted a claim for lumbar spinal stenosis and lumbar radiculopathy associated with an industrial injury date of 07/05/2012. The medical records from 2013 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, described as sharp, burning, stabbing, associated with numbness and tingling sensation. Aggravating factors included prolonged sitting, standing, and walking. The physical examination of the lumbar spine showed tenderness and limited range of motion. Straight leg raise was positive at the right. The treatment to date has included lumbar epidural steroid injection, physical therapy, chiropractic care, acupuncture, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTERSPEC IF UNIT FOR THE LUMBAR SPINE (PURCHASE): Upheld

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

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

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of persistent low back pain despite conservative management involving physical therapy, chiropractic care, acupuncture, and intake of medications. The documented goals for IF unit use are: to reduce oral medication use and to increase range of motion. IF use is a reasonable option at this time. However, there was no discussion as to why a rental device cannot suffice as the guidelines recommend an initial one-month trial. Therefore, the request for interferential unit for the lumbar spine (purchase) is not medically necessary.