

Case Number:	CM14-0114943		
Date Assigned:	08/04/2014	Date of Injury:	10/18/2012
Decision Date:	10/06/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 General Surgery, and is licensed to practice in Texas. 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 injured worker is a 64 year old male who was injured on October 18, 2012. The diagnoses are listed as inguinal hernia without mention of obstruction or gangrene (550.9). The most recent progress note dated 5/12/14, reveals complaints of unchanged pain in entire lower body, back and both legs, rates back pain a 6 out of 10 on visual analog scale (VAS) score with medications, without medications he would be unable to get out of bed or function at all, ambulating with a single point cane. Physical examination reveals lumbar findings of neurocirculatory status diminished throughout; discoloration noted TTP entire lumbar motion guarded due to pain, extension; range of motion flexion 30 degrees, left LB 10 degrees, right LB 15 degrees; lumbar sprain/strain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar stenosis, left shoulder subscapularis and supraspinatus full thickness tears and osteoarthritis. Current medication include Hydrocodone (Norco), Oxycodone, and Neurontin. It was noted that medications help a lot with no side effects other than constipation which he takes over the counter laxative Prior treatment includes medications, X-ray, CT scan, left knee surgery in 2011, and two cortisone injections. Through course of treatment from 2011 to 2013, both of which allowed him to have transient improvement. Since May 2013 evaluation, the injured worker has had worsening shoulder function because of pain. A prior utilization review determination dated 6/23/14 resulted in denial of interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

Decision rationale: The documentation provided does not support the medical necessity or the efficacy of the interferential unit to provide any relief of symptoms while applied as an adjunctive method for pain control. The claimant has had ongoing and increasing lower back pain since the date of injury of 10/18/12. The claimant has been prescribed Motrin and Norco soft. There was a QME report on 4/15/14 when there was no mention of the interferential unit or its efficacy. Moreover the subsequent evaluation in May and June 2014 reveals the claimant has chronic low back pain and that he is "unable to get out of bed without medications." There is worsening complaints of pain with active range of motion (AROM) of the right shoulder. Finally the claimant has been offered epidural steroid injections which he has declined. Given the lack of any objective evidence of the efficacy of the interferential unit, this remains not medically necessary.