MAXIMUS Federal Services

Case Number:	CM14-0137251		
Date Assigned:	09/05/2014	Date of Injury:	01/28/2013
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine, and is licensed to practice in Colarado. 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:

42 y.o. male with injury at work 1/28/2013 when he "twisted back and heard a pop" then could not straighten up. Has pursued multiple options for treatment. Documents were reviewed from multiple treating physicians. Patient complains primarily of pain in low back, radiating to left leg more than right leg. Patient also complains of sleep difficulty related to his pain. Per the records reviewed, patient has been treated with chiropractic care, acupuncture, physical therapy and medications including intermittent opioid use and topical analgesics long term. (Ultracet, Protonix, Flexeril, Norco, Compounded Topical analgesics) No notes were supplied from chiropractor, acupuncture sessions or physical therapy sessions, but patient returned to treating physicians with continued low back pain and physical exam that objectively matched his subjective complaints, with positive straight leg raise test on left and diminished sensation L5-S1 distribution on left, persistent. Because patient continued with symptoms he was referred to Orthopedic Spine Surgeon who evaluated patient and reviewed MRI which showed "moderate chronic disc degeneration at L5-S1 and mild anterolisthesis at that level" and then recommended epidural steroid injection. (It should be noted that MRI report 11/6/2013 was not supplied for review, though it is referenced and summarized by several treating physicians.)Patient had Lumbar Epidural Steroid Injection at L5-S1 3/7/2014 which provided "significant improvement" in pain which he reported back to his primary treating physician 3/20/2014. Patient was deemed "permanent and stationary" at that time. Patient then went to a new Orthopedic Specialist 4/4/2014 for re-evaluation because low back pain had again become continuous and severe, numbness and tingling in hand and feet, and pain in feet. Treating physician at that time requested Physical Therapy, a Back program for work conditioning, EMG, Pain management consult, Urine drug screen, and ordered several medications (Ultracet, Protonix, Flexeril, Norco, Compounded Topical analgesics) Patient was also put on modified work schedule. Patient then

returned to his Pain Management treating physician 5/9/2014 for re-evaluation. Treating physician for Pain Management ordered Urine drug screen, recommended "continue chiropractic care," continued medications, requested Lumbar Corset, and requested Lumbar epidural steroid injection because of poor response to other measures. Patient was also placed on temporary total disability Patient was then evaluated by Interventional Pain Management and Interferential Stimulation unit requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulation unit, rental: Upheld

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

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

Decision rationale: Per the guidelines, Interferential current stimulation is Not recommended as an isolated intervention. There is no evidence-based support for the use of this intervention except in conjunction with return to work, exercises and medications, and only then when those modalities are not effective alone. Patient has been on modified work and now has been placed on total temporary disability so has not returned to work in this instance. Patient has tried exercise programs and medications without success. Even if patient meets the above criteria, the patient would only be considered appropriate if also has documented improvement with a trial of the interferential stimulation unit when applied / directed by a physical medicine provider.If patient has had a successful provider-directed trial and meets criteria otherwise, then a one month trial may be considered. To be considered a successful trial period, the patient should have improved function, less pain, and decreased requirement for medications. Per the records available for review, patient has not had a trial of interferential current stimulation under provider direction. Furthermore, no information was supplied that indicated patient had completed the most recent request for epidural steroid injection, so not known if he has failed all conservative measures, to be considered for interferential current stimulation therapy. Therefore, the request for interferential stimulation unit, rental, is not medically necessary.