

Case Number:	CM14-0160837		
Date Assigned:	10/06/2014	Date of Injury:	03/20/2014
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 67-year-old female with a reported date of injury on 03/20/2014. The mechanism of injury was not listed in the records. The diagnoses included cervical sprain/strain and lumbar sprain/strain. The past treatments included pain medication and physical therapy. There were no diagnostic imaging studies submitted for review. There was no surgical history documented in the notes. The subjective complaints on 08/27/2014 included low back pain that radiates down to both legs with numbness and tingling. The physical exam noted tenderness, spasms, and decreased range of motion to the lumbar spine. The medications were not documented within the clinical notes. The treatment plan was to order an IF unit and continue physical therapy. A request was received for purchase of an interferential stimulator unit for lumbar spine. The rationale for the request was not provided. The rationale for the request was not provided. The Request for Authorization form was dated 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Interferential Stimulator Unit for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS Page(s): 119-120.

Decision rationale: The request for purchase of an interferential stimulator unit for the lumbar spine is not medically necessary. The California MTUS Guidelines state that interferential current stimulation is not recommended as isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone, diminished effects 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 an exercise program/physical therapy treatment, or unresponsive to conservative measures. If those criteria are met, then a 1 month trial may be appropriate. The injured worker has chronic low back pain. There is no documentation in regards to diminished effectiveness of medications or that pain is ineffectively controlled with medications due to side effects. Other than physical therapy, it is not known what conservative measures have been taken to resolve the injured worker's chronic back pain from this clinical note. In the absence of the evidence above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.