

Case Number:	CM14-0163286		
Date Assigned:	10/08/2014	Date of Injury:	09/29/2011
Decision Date:	11/14/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, New York and Maryland. 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:

This is a 56-year-old male with injury date of 9/29/11 with an unknown mechanism of injury. His diagnosis is cervical disc displacement. He was seen by an orthopedic surgeon on 8/15/14 when he complained of radiating low back pain to his lower extremities. Activity worsens his symptoms. He is engaged in a home exercise/stretching program. His MRI in 2013 showed small anterolateral osteophytes scattered throughout the spine. There was reduced range of motion of the lumbar spine and sensory deficits on exam along with pain as explained above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Anti-Inflammatories, Manual Therapy and Manipulation, Anti-Inflam. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/Heat Packs

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

Decision rationale: The CA MTUS guidelines do not recommend an interferential unit treatment as an isolated intervention. This treatment may be indicated for particular cases of

second-line treatment when pain is ineffectively controlled due to diminished effectiveness of medications or if pain is ineffectively controlled with medications due to side effects. The available medical records do not provide such detail to support such a request at this time. Therefore, based on the guidelines and the medical records, this request would not be medically necessary.