MAXIMUS Federal Services

Case Number:	CM14-0179162		
Date Assigned:	11/05/2014	Date of Injury:	03/31/2012
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 Ohio. 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 47-year-old female who injured her low back as result of moving boxes on March 31, 2012. She complains of low back pain radiating to both lower extremities associated with numbness and tingling. An MRI scan of the lumbar spine revealed L5-S1 grade 1 retrolisthesis, a 4-5 mm disc protrusion causing moderate right lateral recess narrowing and probable displacement of the S1 nerve root associated with mild to moderate bilateral neural foraminal stenosis. Electrodiagnostic studies revealed a chronic bilateral L4 radiculopathy, a severe right peroneal motor axonopathy, and a possible bilateral S1 radiculopathy. The physical exam reveals diminished lumbar range of motion, a positive Lasegue's sign on the left, diminished sensation in the distribution of L4, L5, and S1 dermatomes bilaterally, bilateral facet joint tenderness, and weakness of big toe dorsiflexion and plantar flexion bilaterally. The diagnoses include lumbar disc disease, lumbar radiculopathy, and ankle/foot sprain. The injured worker has been treated with opioid pain medications, muscle relaxants, physical therapy, heat, and ice. At issue is whether a home interferential unit is appropriate at all and whether it should be certified as a rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase or rental of a home interferential unit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Interferential Current Stimulation (ICS).

Decision rationale: The Official Disability Guidelines state that a one month trial for a home interferential unit may be appropriate under the following conditions:While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for Interferential Current Stimulation (ICS) to be determined to be medically necessary:Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical therapy:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, medications, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction.A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person.If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention should be periodically reassessed and documented. Treatment of unlimited duration is not recommended.In this instance, the injured worker's pain has not been effectively controlled by medication, it would seem that pain would limit her ability to perform exercise, and she has been unresponsive to conservative measures otherwise. The home interferential unit is being prescribed in conjunction with medication and chiropractic care. Therefore, a one-month trial of a home interferential unit is medically appropriate and necessary to assess response and determine future need for same.