MAXIMUS Federal Services

Case Number:	CM14-0183797		
Date Assigned:	11/07/2014	Date of Injury:	02/02/2012
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 33-year-old male with a 2/2/12 date of injury, and status post lumbar spine microdiscectomy and status post left knee surgery. At the time (10/16/14) of request for authorization for interferential unit, there is documentation of subjective (low back pain radiating to both lower extremities, bilateral knee pain) and objective (lumbar spine tenderness to palpation bilateral paraspinals, sacroiliac joints, sciatic notch, posterior iliac crests and gluteal muscles, spasms, decreased range of motion, positive straight leg raise; knee tenderness to palpation, decreased range of motion, positive patellofemoral grinding, bilateral McMurray, atrophy left thigh, decreased motor strength 4+/5, and decreased sensation left anterolateral thigh, anterior knee, and medial leg and foot) findings, current diagnoses (lumbosacral musculoligamentous strain/sprain, status post lumbar spine surgery with residuals, bilateral knee strain/strain, and status post left knee surgery with residuals), and treatment to date (medications and activity modification). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

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.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of lumbosacral musculoligamentous strain/sprain, status post lumbar spine surgery with residuals, bilateral knee strain/strain, and status post left knee surgery with residuals. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for interferential unit is not medically necessary.