

Case Number:	CM14-0184308		
Date Assigned:	11/10/2014	Date of Injury:	09/25/2012
Decision Date:	12/18/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 34 year old male with an injury date of 09/25/2012. The patient presents pain and in his lower back, radiating down both of his legs. The patient rates his pain as 9/10 on the pain scale. The patient has difficulty walking on heels and his toes. The patient presents limited range of lumbar motion. His lumbar flexion is 15 degrees, lateral bending is 10 degrees and rotation is 20 degrees. The patient presents palpative tenderness from T12 to S1 bilaterally. Examination reveals decreased sensation in the L4-5 on the left lower extremity, and 90 degrees's straight leg raising. MRI of the lumbar spine from 02/23/2014 reveals 1-2mm disc bulges at L4-5 and L5-S1 with no other significant pathology. Diagnoses on 07/21/2014: 1) Lumbar radiculopathy 2) Lumbar discogenic pain The utilization review determination being challenged is dated on 10/14/2014. Treatment reports were provided from 10/07/2013 to 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his lower back and both of his legs. The request is for purchase of interferential unit. MTUS guidelines, under transcutaneous Electrotherapy chapter, do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Indications include pain that is ineffectively controlled with meds; meds not tolerated due to side effects; history of substance abuse; post-operative pain; and unresponsive to conservative measures. If these criteria are met, then a 30-day rental is required with documentation of pain/function improvement and reduction of medication use before a home unit can be provided. In this case, none of the reports discuss specifically this request. The treater has asked for purchase ICS, but there is no evidence that the patient has the right indications nor that a 30-day trial has been carried out with success as defined by MTUS. The request is not medically necessary.