

Case Number:	CM14-0104487		
Date Assigned:	07/30/2014	Date of Injury:	09/08/2010
Decision Date:	06/08/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 09/08/2010. The initial complaints or symptoms included low back pain/injury. Medical care was delayed and the injured worker's low back pain continued and was followed by left lower extremity weakness and numbness. Treatment to date has included conservative care, medications, x-rays, MRIs, and conservative therapies. At the time of the request for authorization, the injured worker complained of constant low back pain and radiating pain into the left lower extremity down to the knee. The pain was rated as 3/10 in severity with it increasing to 9/10 with activities. The diagnoses include lumbar discopathy, lumbar radiculopathy, lumbar facet syndrome, and left synovial cyst in the left L5 facet. The request for authorization included an interferential unit for home use (denied) and bilateral L3-4 and L5S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. The Interferential unit for home use is not medically necessary and appropriate.