

Case Number:	CM14-0186805		
Date Assigned:	11/14/2014	Date of Injury:	10/31/2004
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 66-year-old female who sustained a work related injury on October 31, 2004 with no mechanism of injury noted. Diagnoses consist of lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and degenerative arthritis of the right knee and medial compartment osteoarthritis of the left knee. On January 8, 2014, the patient underwent right total knee replacement (TKR), synovectomy, medial and posterior release. On April 10, 2014 the injured worker underwent a lumbar 4 to Sacral 1 facet rhizotomy and neurolysis. The physician's report on May 13, 2014 documents a wide based gait with slight antalgia to the right; diffuse tenderness over the paraspinal musculature, and tenderness to palpation over the bilateral piriformis muscles with spasm and eliciting referral pain into the gluteal area. Bilateral sacroiliac joint infusion of anesthetic and steroid was done on July 18, 2014. The injured worker continues to experience low back pain with lower extremity involvement. The current treatment plan consists of continued physical therapy, Ultram, Neurontin and Cymbalta. According to the progress reports the patient's work status is temporary total disability (TTD) and retired. The treating physician requested Interferential home unit with conductive garment purchase. On October 16, 2014 the Utilization Review non-certified the prescription for the Interferential home unit with conductive garment purchase based on limited documentation of prior use and sustained functional benefit to meet medical necessity. Citations used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit with conductive garment purchase: Upheld

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

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

Decision rationale: The patient presents with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and degenerative arthritis of the right knee and medial compartment osteoarthritis of the left knee. The current request is for Interferential home unit with conductive garment purchase. On 1/8/14, the patient underwent right total knee replacement, synovectomy, medial and posterior release. On 4/10/14 the injured worker underwent a lumbar 4 to Sacral 1 facet rhizotomy and neurolysis. Bilateral sacroiliac joint infusion of anesthetic and steroid was done on 7/18/14. The injured worker continues to experience low back pain with lower extremity involvement. The MTUS Guidelines state that Interferential (IF) current stimulation is not recommended as an isolated intervention. However, the MTUS listed patient selection criteria include post-operative pain, which this patient may suffer from. MTUS states that if criteria were met, then a one-month trial would be appropriate. MTUS goes further to state that use of the IF unit would be appropriate under 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 medicine:- 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 conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If the criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, while the use of an IF unit may be appropriate for this patient, given the patient's surgical history, the surgery took place on 1/8/14 and it is not documented in the medical history provided if the IF unit is requested for post-operative pain. Additionally, none of the above noted MTUS criteria have been documented in the medical history provided. At any rate, even if the criteria were met, MTUS recommends trying the unit for one-month before a home unit is provided. Given that the request for the IF unit was made without demonstrating a historical one-month trial, recommendation is for denial. Without approval of the unit, conductive garment is not medically necessary.