

Case Number:	CM14-0213629		
Date Assigned:	12/31/2014	Date of Injury:	08/10/2006
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/21/2014

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 & Rehabn

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 52 year old female with an injury date of 08/10/06. Based on the 08/04/14 progress report provided by treating physician, the patient complains of back pain radiating to lower extremities. Physical examination to the lumbar spine revealed tenderness to palpation over the lumbar paraspinal muscles and at the L4 through S1 levels. Range of motion was decreased, especially on extension 10 degrees. Patient's current medications include Vicodin, Ultram and Cymbalta. Per treater report dated 11/13/14, the patient is returned to modified work.MRI of the lumbar spine 08/11/14 per UR letter showed disc protrusion at L4-5 and disc bulges with facet hypertrophy at L5-S1.EMG/NCV of the bilateral lower extremities 07/29/08 per UR letter shows bilateral S1 nerve root injury.X-rays of the lumbar spine 11/13/14 per UR letter shows decreased disc spaces at L5-S1 and facet degeneration at L5-S1 greater than L4-L5.Diagnosis (08/04/14) - Lumbar disc disease- Lumbar radiculopathy- Lumbar facet syndrome- CoccydyniaThe utilization review determination being challenged is dated 12/04/14. The rationale follows: "fail to document that ICS was tried by the licensed provider and proved to be effective,"Treatment reports were provided from 06/27/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with back pain radiating to lower extremities. The request is for home interferential unit. Patient's current medications include Vicodin, Ultram and Cymbalta. Per treater report dated 11/13/14, the patient is returned to modified work. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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 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.) Per progress report dated 11/13/14, treater states reason for the request is to "help patient self-manage the pain, decrease muscle spasm and medication usage and increase function. Treater has not mentioned whether the request is for rental or purchase. However, MTUS supports 30-day trial before a home unit is recommended. A successful trial with pain reduction and functional improvement is required if indicated. Therefore, given that the patient has not trialed a 30-day home use, the request for home unit is not medically necessary.