

Case Number:	CM14-0215153		
Date Assigned:	01/02/2015	Date of Injury:	09/15/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii
 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 patient is a 54-year-old female who sustained an industrial injury to her lower back of gradual onset while working as a custodian. The date of injury is regarded as 8/15/13. The treating physician report dated 11/19/14 (38) indicates that the patient presents with severe pain affecting the low back with associated pain traveling down both legs, left > right. There is numbness tingling sensation to the toes. The physical examination findings reveal slight tenderness to palpation over the paravertebral musculature of the lumbar spine. Moderate facet tenderness is noted over L4 through S1. Sacroiliac tenderness is noted bilaterally. Yeoman's, Kemp's and SLR are positive bilaterally. Lumbar range of motion is noted to be decreased. Decreased motor strength 4/5 is noted in the big toe and knee extensors. The records also indicate decreased ankle reflex bilaterally and decreased sensation in the L5 and S1 dermatomes bilaterally. MRI findings dated 6/14/14 reveal 2mm disc protrusion with mild effacement of the anterior thecal sac at L4-L5 and mild facet arthropathy of the lower lumbar spine. EMG/NCV of the lower extremities, dated 7/22/14, reveals findings consistent with borderline chronic right S1 radiculopathy. The patient has received chiropractic and physical therapy. The patient is not currently taking medications. An epidural steroid injection is recommended at L5/S1. The current diagnoses are: 1. Lumbar disc disease. 2. Lumbar radiculopathy, right S1 per EMG/nerve conduction velocity studies. 3. Lumbar facet syndrome. 4. Bilateral sacroiliac joint arthropathy. The utilization review report dated 12/15/14 denied the request for Interferential Unit 30 day trial based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 115-120.

Decision rationale: The patient presents with persistent low back and bilateral leg pain and paresthesias. The current request is for interferential unit 30-day trial. The treating physician states the patient should have an interferential unit 30-day trial for home use. The CA MTUS guideline supports interferential muscle stimulation, and they do allow a trial after other forms of therapy have failed. In this case, the treating physician has also recommended an epidural steroid injection and it is not known if the injection has been successful. Additionally, the guidelines require both short- and long-term goals be documented. There is no documentation discussing goals of the interferential unit. As such, the current request is not medically necessary and the recommendation is for denial.