

Case Number:	CM14-0215226		
Date Assigned:	01/21/2015	Date of Injury:	07/01/2010
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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:

This patient is a 44-year-old female with a date of injury of July 1, 2010. According to progress report dated November 18, 2014, the patient presents with complaints of pain in the lumbar spine with sharp and tingling radiating sensation to the right leg to the foot. The patient's current medications include Norco, naproxen, cyclobenzaprine and Cymbalta. Physical examination of the lumbar spine revealed antalgic gait to the right, and diffuse tenderness noted over the lumbar paravertebral musculature. There is facet tenderness noted at L4-S1. Range of motion is decreased in all planes. The list of diagnoses are: 1. Lumbar disc disease. 2. Lumbar radiculopathy. 3. Lumbar facet syndrome. 4. Right sacroiliac joint sprain/strain. 5. Posterior annular tear at L4-L5. The patient is currently working full-time. The utilization review denied the request for an interferential unit on December 17, 2014. Treatment reports from December 31, 2013 through November 18, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home interferential unit for a thirty-day trial: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for one home interferential unit for a 30 day trial. The Utilization review denied the request stating that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and the patient has not returned to work and is not completing physical therapy. For Interferential Current Stimulation (ICS), the MTUS guidelines, pages 118 - 120, state that not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, there is no documentation of substance abuse, operative condition, or unresponsiveness to conservative measures. The requested interferential unit IS NOT medically necessary.