

Case Number:	CM14-0218200		
Date Assigned:	01/07/2015	Date of Injury:	07/29/2013
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 32 year-old male with a date of injury of 07/29/2013. The results of the injury include lumbar pain and left lower extremity pain. Diagnoses have included lumbar sprain/strain and sciatica. Diagnostic studies included an MRI. Treatments have included medications, steroid injection, chiropractic treatment, and physical therapy. Medications have included Tylenol. A progress note from the QME physician, dated 10/30/2014, documents an evaluation of the injured worker. The injured worker reported pain in the lumbar region, left lower extremity, and left buttock; back and leg pain are rated as 8/10 on the visual analog scale; numbness and tingling sensation in the left lower extremity at times; pain symptoms occasionally become moderate with heavy work; and is physically capable of performing all of his activities of daily living. Objective findings included gait: favor to the left side and walking with a slight limp; tenderness upon palpation over the left paralumbar musculature; tenderness over the left sciatic notch; diffuse tenderness in the left gluteal musculature; tenderness over the L5 spinous process; tenderness over the superior aspect of the left sacroiliac articulation; and tenderness over the left sacrum; hypertonicity of the lumbar paralumbar musculature; and supine straight leg raise and Patrick's test produced complaint of left gluteal pain and low back pain on the left. Work status was noted as permanent and stationary, with heavy lifting restrictions. Treatment plan was documented to include follow-up medical management with primary care physician. Request is being made for a prescription for Interferential Unit Purchase, dispensed 10-23-14. On 12/03/2014, the Utilization Review non-certified a prescription for Interferential Unit Purchase, dispensed 10-23-14. Utilization Review

non-certified a prescription for Interferential Unit Purchase, dispensed 10-23-14, because evidence-based guidelines do not support interferential stimulation in the management of the cited injuries. The Utilization Review cited the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines: Interferential current stimulation; ACOEM; and the Official Disability Guidelines: Interferential current stimulation. Application for independent medical review was made on 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Interferential Unit Purchase dispensed 10/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Pain section, Interferential unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective interferential unit (ICS) purchase dispensed October 23, 2014 is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments, including return to work, exercise and medications. The Official Disability Guidelines enumerate patient selection criteria that should be documented for the ICS to be medically necessary. These criteria include, but are not limited to pain is ineffectively controlled due to diminished effectiveness of medications or side effects; history substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; and unresponsive to conservative treatment. If the criteria are met many one month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, lumbar strain/sprain with left sciatica. The documentation in the medical record does not contain any progress notes by the treating physician. A QME dated December 1, 2014 is in the medical record and all documentation is pursuant to that record. There is a prescription in the medical record for an Interferential unit (ICS) but there is no supporting documentation by the treating physician. As noted above, there were no progress reports submitted by the requesting physician regarding the ICS. Additionally, there was no discussion of the ICS in the QME report. The medical record does not contain documentation of an ICS trial. Subjectively, the injured worker had lumbar back pain and left lower extremity pain. Objectively, the injured worker ambulates favoring his left side with a limp. There was tenderness to palpation at the lumbar paravertebral muscles. The worker received physical therapy times six visits without improvement. Electrodiagnostic testing was normal. MRI was normal. Ultrasound was normal. X-rays were unremarkable. Chiropractic treatment did not help. Consequently, absent clinical documentation to support a clinical indication and clinical rationale from the treating physician for an ICS purchase without evidence of a one-month clinical trial and patient selection criteria with documentation, retrospective interferential unit (ICS) purchase dispensed October 23, 2014 is not medically necessary.

