

Case Number:	CM14-0218737		
Date Assigned:	01/08/2015	Date of Injury:	06/30/2014
Decision Date:	03/25/2015	UR Denial Date:	12/01/2014
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

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 injured worker is a 41 year old male who sustained an industrial injury on 6/30/14. The mechanism of injury was that the injured worker was pulling a lever to lower a metal ramp when he felt a sharp pain throughout his body. He has reported low back pain. The diagnoses have included lumbar spine sprain/strain, cervical spine strain/sprain, bilateral shoulder sprain/strain, headaches, anxiety and sleep disorder. Treatment to date has included diagnostics, medications and physical therapy. Currently, the IW complains of pain in the lower back after sitting or standing for 10 minutes. She complains of numbness in legs and pain radiating from low back to legs and ankles. The pain in upper back radiates to neck and shoulders. The physical exam revealed lumbosacral spine pain bilaterally with flexion and palpation. The injured worker requested stronger pain medication. She was taking Ibuprofen and hydrocodone. Magnetic Resonance Imaging (MRI) of lumbosacral spine dated 8/31/14 revealed disc herniation with bilateral neuroforaminal narrowing. She also saw a back specialist on 10/30/14 and she is not a surgical candidate. The specialist recommended more physical therapy. On 12/1/14 Utilization Review non-certified a request for Supplies For Interferential Unit Rental Including Electrodes: 2 Packs, Batteries: 2, And Setup And Delivery For The Lumbar Spine, noting the clinical documentation submitted does not establish the medical necessity for the unit. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for IF unit rental: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend interferential current stimulation; however, it is not recommended as an isolated intervention. There is no quality evidence for the effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit in conjunction with therapy or return to work. Additionally, the request as submitted failed to indicate the duration for the rental, and as such, supplies for the unit would not be supported. The request as submitted additionally failed to indicate the specific supplies being requested. Given the above, the request for supplies for an IF unit rental is not medically necessary.