

Case Number:	CM15-0103140		
Date Assigned:	06/05/2015	Date of Injury:	04/01/2013
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on April 1, 2013. He reported a back injury. The injured worker was diagnosed as having a herniated nucleus pulposus at lumbar 4-5 and facet syndrome. On April 2, 2013, x-rays of the lumbar spine revealed mild facet arthropathy at lumbar 4-5 and lumbar 5-sacral 1 and loss of disc space at lumbar 5-sacral 1. On September 25, 2013, a CT scan revealed a left lumbar 2-lumbar 3 disc protrusion. On February 28, 2014, an MRI of the lumbar spine revealed discogenic disc desiccation with disc space narrowing at lumbar 4-lumbar 5, a disc bulge at lumbar 4-lumbar 5, multilevel endplate changes, and facet arthropathy. Treatment to date has included work modifications, chiropractic therapy, physical therapy, lumbar epidural steroid injection, sacroiliac joint injection, and non-steroidal anti-inflammatory medication. On April 23, 2015, the injured worker complains of back pain. The physical exam revealed pain to palpation and limited range of motion. The treating physician noted that the MRI from February 28, 2014 showed a herniated nucleus pulposus and degenerative disc disease at lumbar 4-5, and multilevel mild degenerative disc disease. His disability status is described as previously permanent and stationary. The treatment plan includes an interferential stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator (Months) Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 118.

Decision rationale: According to the guidelines, IF unit is 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. In this case, the claimant has failed numerous other measures of more proven interventions. There was no mention of an integrated plan for use of IF unit with other modalities. In addition, response to an IF unit intervention is unknown to allow for a 4 month use. The request for an IF unit is not medically necessary.