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| Case Number: | CM15-0010756 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 02/20/2008 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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 46 year old female who sustained a work related injury on 02/20/08. She reports unchanged symptoms, back brace is helpful but pain in back continues. Diagnoses include neck sprain/strain, sprain/strain of lumbosacral, and thoracic sprain/strain. Treatments to date include medications and lumbar spine brace. In a progress note dated 12/17/14 the treating provider reports cervical spine pain to palpation and decreased range of motion due to pain. Lumbar spine tenderness to palpation and decreased range of motion due to pain is also noted. On 01/08/15, Utilization Review non-certified a 2 month rental of an inferential unit for the lumbar spine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit for 2 month rental, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-119.

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 addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. The request on 12/17/14 was for a TENS/IF unit. The TENS unit has been utilized more extensively than an IF unit. There is no indication for the specified treatment protocol and treatment protocols have not been established in the guidelines. As a result, the request for an IF unit is not medically necessary.