

Case Number:	CM15-0111319		
Date Assigned:	06/19/2015	Date of Injury:	01/02/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Pennsylvania, Ohio, 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 48 year old male sustained an industrial injury to the low back on 12/10/12. Previous treatment included magnetic resonance imaging, physical therapy and medications. Magnetic resonance imaging lumbar spine (6/2/14) showed degenerative scoliosis with spondylosis and stenosis. In a PR-2 dated 7/1/14, the injured worker complained of low back pain with radiation down the right leg into the foot associated with intermittent numbness and tingling. The injured worker reported only being able to walk a block before needing to stop due to pain. The physician noted that the injured worker had been offered lumbar epidural steroid injections in the past but the injured worker had deferred to medication management. The injured worker had since needed to stop using Norco due to blood in his urine. Neurontin was not providing adequate pain relief. The injured worker reported that an interferential unit used during physical therapy had been helpful in the past. Physical exam was remarkable for lumbar spine with significant guarding in the bilateral mid and lower back without muscle spasms, decreased sensation and motor strength to the right lower extremity and decreased lumbar spine range of motion. Current diagnoses included lumbar disc displacement without myelopathy, lumbar spine degenerative disc disease, lumbar spine spondylosis, obesity, diabetes mellitus and hypertension. The physician noted that the injured worker was not a candidate for surgical intervention unless he lost weight. The treatment plan included lumbar epidural steroid injections, home exercise and a MEDS-4 inferential unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/23/14 - 4/22/15) Meds-4 Interferential Unit with Garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), TENS.

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

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore, this request is not medically necessary.