

Case Number:	CM15-0114322		
Date Assigned:	06/22/2015	Date of Injury:	04/08/2004
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 46 year old male who sustained an industrial injury on 04/08/2004. Mechanism of injury when he fell from a step ladder while holding a piece of lumbar and landed on his right side, especially his right leg, and had pain in his abdomen and low back. Diagnoses include sprain of the shoulder and arm, lumbar spondylosis with myelopathy, radiculitis or neuritis. Treatment to date has included diagnostic studies, medications, trigger point injections, lumbar epidural injections, and status post hernia surgery. On 12/27/2014 a Magnetic Resonance Imaging of the lumbar spine revealed advanced discogenic disease, L4-L5 with moderate degree of central canal compromise; a tiny central extruded fragment measuring 2-3mm is present effacing the sac just above the L5 nerve root origins. The foramina are moderately narrowed as well. There is 2-3mm left paracentral protrusion, L5-S1 effacing the sac at the origin of the left S1 nerve root. A physician progress note dated 04/30/2015 documents the injured worker has restricted range of motion and limited ability to perform activities due to pain. The injured worker has used the IF unit for the prescribed trial period and has benefited from daily use with improved function, decreased pain and decreased medications. The purchase will provide the injured worker a self-management modality to control his pain, spasm and promote active exercise rehab program, and improve functional capacity and activities of daily living. Treatment requested is for One IF unit and supplies for twelve months to include electrodes, batteries and lead wires.

IMR ISSUES, DECISIONS AND RATIONALES

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

One IF unit and supplies for twelve months to include electrodes, batteries and lead wires:
Upheld

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

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

Decision rationale: One IF unit and supplies for twelve months to include electrodes, batteries and lead wires is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had outcomes of decreased medication, increased function and decreased pain during the trial as the March 2015 and the April 2015 physician progress note indicates no change in the quantities or dose of the pain medications that the patient was taking or objective increase in function from the IF trial. The documentation does not support the medical necessity of the interferential unit.