

Case Number:	CM15-0114344		
Date Assigned:	06/22/2015	Date of Injury:	01/21/2014
Decision Date:	08/04/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Emergency 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 42-year-old female, who sustained an industrial/work injury on 1/21/14. She reported initial complaints of pain in low back and left hip/thigh with development of radicular symptoms in both extremities. The injured worker was diagnosed as having lumbar spine sprain with right sciatica, left hip sprain/strain, left knee sprain, s/p internal derangement and degenerative marginal osteophyte. Treatment to date has included medication, physical therapy, diagnostic testing, and ambulatory aid (cane). MRI results were reported to show mild L3-4 degenerative disc disease associated with small right foraminal disc contusion and mild to moderate facet arthritis at L4-5 and L5-S1. X-Rays results were reported on 12/15/14. Currently, the injured worker complains of chronic lumbar and left hip, knee, and ankle pain. Per the primary physician's orthopedic report on 11/26/14, exam notes tenderness in the lumbosacral area, with 5-/5 strength on the left and 5/5 on the right leg, positive left straight leg raise test. The requested treatments include Interferential unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit and supplies: 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 (ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy, long-term plan for device or poor pain control on medication. ICS is not medically necessary.