

Case Number:	CM15-0116316		
Date Assigned:	06/24/2015	Date of Injury:	11/24/2014
Decision Date:	07/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

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

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 54-year-old male patient who sustained an industrial injury on 11/24/2014. The accident was described as while working duty as a maintenance technician he injured himself. A recent primary treating office visit dated 02/06/2015 reported the patient with subjective complaint of having low back pains. The following diagnoses were applied: lumbar strain; herniated lumbar disc at L1-2 with disc protrusion at L4-5; back spasm, and lumbar radiculopathy. The plan of care involved: remaining on modified work duty, undergo pain management evaluation and follow up visit. That following visit dated 04/27/2015 reported subjective complaint of with reduced pain by 25% after initial physical therapy session. Treating diagnoses are: thoracic sprain/strain, and displacement lumbar disc without myelopathy. The plan of care involved administration of an epidural injection at L4-5, utilize an interferential unit and follow up visit. Previous diagnostic testing to include: radiography scan, magnetic resonance imaging, and electrodiagnsotic nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 Interferential unit with garment: Upheld

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

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

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for low back pain. When seen, there had been a 25% improvement and thoracic pain with an initial trial of therapy. He was having ongoing low back and left lower extremity symptoms. Physical examination findings included decreased and painful lumbar spine range of motion with positive left straight leg raising and decreased left lower extremity strength. Authorization for an interferential unit with garment was requested. Criteria for use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. In this case, the claimant has not undergone a trial of interferential stimulation and providing an interferential unit for indefinite use was not medically necessary.