

Case Number:	CM15-0119310		
Date Assigned:	06/29/2015	Date of Injury:	02/20/2014
Decision Date:	09/18/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 51 year old female sustained an industrial injury on 2/20/14. She subsequently reported low back, buttock and left ankle pain. Diagnoses include lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the right lower extremity. Upon examination, there was right hip tenderness, moderate facet tenderness over the L4-S1 levels and diffuse tenderness with spasm noted over the paravertebral musculature. There was antalgic gait to the right noted. Kemp's and Straight leg raise testing was positive bilaterally. A request for IF unit (Indefinite) Qty: 1.00, Adhesive remover towel mint Qty: 48.00, Power packs Qty: 36.00, Electrodes packs Qty: 12.00 and Lead wires Qty: 1.00 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit (Indefinite) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

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

Decision rationale: The injured worker sustained a work related injury on 2/20/14. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a medical necessity for IF unit (Indefinite) Qty: 1.00. The MTUS does not recommend Interferential Current Stimulation (ICS) as an isolated intervention due to lack of 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. For the select individuals who meet the criteria for ICS, the MTUS recommends a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. Treatment can only be continued if there is evidence of increased functional improvement, less reported pain and evidence of medication reduction. The requested treatment is not medically necessary due to the case not meeting the criteria, including the lack of documentation of one-month trial.

Adhesive remover towel mint Qty: 48.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 2/20/14. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Adhesive remover towel mint Qty: 48.00. This is not medically necessary since the Interferential Current Stimulation (ICS) has been determined not to be medically necessary.

Power packs Qty: 36.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 2/20/14. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a

medical necessity for Power packs Qty: 36.00. This is not medically necessary since the Interferential Current Stimulation (ICS) has been determined not to be medically necessary.

Electrodes packs Qty: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 2/20/14. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Electrodes packs Qty: 12.00. This is not medically necessary since the Interferential Current Stimulation (ICS) has been determined not to be medically necessary.

Lead wires Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 2/20/14. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatments to date include chiropractic care, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Lead wires Qty: 1.00. This is not medically necessary since the Interferential Current Stimulation (ICS) has been determined not to be medically necessary.