

Case Number:	CM15-0120848		
Date Assigned:	07/06/2015	Date of Injury:	05/29/2014
Decision Date:	08/11/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 05/29/2014. The injured worker was noted to have sustained a back while lifting ice buckets and speakers. On provider visit dated 05/29/2014 the injured worker has reported low back pain with radiation to left lower extremity, right lower extremity knee and ankle pain, with numbness and tingling for the right knee to ankle and right ankle and foot pain. On examination of the lumbar spine revealed tenderness to palpation with spasm over the paraspinal musculature. Bragard test was positive on the right with radicular pain to the foot. Range of motion was noted as decreased. Bilateral knees were noted to have a decreased range of motion and right knee was noted to have tenderness. The diagnoses have included lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, right knee plica syndrome and right ankle sprain/strain. Treatment to date has included medication, chiropractic therapy and physical therapy. The provider requested home interferential unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

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

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.