

Case Number:	CM15-0122132		
Date Assigned:	07/06/2015	Date of Injury:	02/18/2015
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 2/18/2015. He reported acute low back pain with lifting and twisting activity. Diagnoses include lumbar sprain/strain and radiculopathy. Treatments to date include activity modification, Cyclobenzaprine, Voltaren, Protonix, topical compound cream, and physical therapy. Currently, he complained of low back pain and stiffness with radiation into bilateral lower extremities associated with numbness and tingling. Pain was rated 8/10 VAS. On 5/6/15, the physical examination documented tenderness and muscle spasms along lumbar and sacroiliac regions. The straight leg raise, Lasegue's and Kemp's tests were all positive bilaterally. The plan of care included five (5) months rental of a solace stimulator unit (interferential stimulation) with installation, to be used three to five times daily for thirty minutes at a time; and five (5) months' supply of electrodes (eight (8) pairs a month), lead wires and adaptor.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 months rental of Solace Stimulator unit with installation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 119.

Decision rationale: Due to the scientific uncertainty that Interferential Stimulation (IF units) provides benefits, the MTUS Guidelines have very specific criteria to support its use. Prior to any home use a trial by a health care professional is necessary to establish subjective benefit. If this trial is beneficial the Guidelines then recommend a 30 day home trial with clear documentation of use and benefits. Only if this 30 day trial is successful is longer term use supported by guidelines. The 5 months rental of Solace Stimulator unit with installation is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 5 months rental of Solace Stimulator unit with installation is not medically necessary.

5 months supply of electrodes (8 pairs per month); lead wires; and adaptor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119.

Decision rationale: This request is directly related to the request for a 5 month rental of an IF unit which is not medically necessary. But for the IF unit, the 5 months supply of electrodes (8 pairs per month); lead wires; and adaptor would not be utilized and would not be medically necessary. The IF unit is/was not supported by Guidelines which directly leads to the conclusion that these supplies are not Guideline supported. The 5 months supply of electrodes (8 pairs per month); lead wires; and adaptor is not medically necessary.