

Case Number:	CM15-0126446		
Date Assigned:	07/13/2015	Date of Injury:	08/01/2014
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: Connecticut, California, Virginia
 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 55-year-old male patient who sustained an industrial injury on 08/01/2014. The accident was described as while working regular duty doing construction repairing a roof he lost his balance and fell about 8 feet down onto the concrete landing on his buttocks. A primary treating office visit dated 11/07/2014 reported subjective complaint of having lower back pain. He states that he is attempting to wean from medications and is participating in physical therapy session. The patient is unable to work at this time due to the unavailability of modified work duty. He was diagnosed with L2 compression fracture and chin laceration, repaired/resolved. The plan of care noted the patient with recommendation for additional physical therapy session, refilling medications, and undergoing re-repeat radiography study. A recent orthopedic evaluation dated 06/18/2015 reported subjective complaint of constant stiffness to the low back and coccyx along with lower tooth pain and numbness to the chin. The following diagnoses were applied: lumbar spine strain and sprain; compression fracture at L2, and annular fissuring L3-4, L4-5 and L5-S1. He is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (unspecified rental/purchase, duration): Upheld

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

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

Decision rationale: The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There are no standardized protocols for the use of interferential therapy, and the evidence does not support clear value to treatment, and while not recommended as an isolated intervention, patient's should be selected for consideration only by meeting the following criteria: pain ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional criteria may include history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures (repositioning, heat/ice, etc.). If the aforementioned criteria are met, consideration of a one-month trial may be appropriate to assess added benefit of treatment. The provided records indicate that utilization review appropriately modified an unspecified request to allow for a one-month rental, which is consistent with the guidelines. Therefore, given the provided records and failure of conservative treatment, a rental is indicated per modified request, and the initial unspecified request cannot be considered medically necessary.