

Case Number:	CM15-0128025		
Date Assigned:	07/14/2015	Date of Injury:	07/12/2012
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 59 year old female patient, who sustained an industrial injury on 7/12/2012. The diagnoses include abdominal pain, acid reflux and diarrhea. Per the progress note dated 2/4/2015, she had complains of worsening abdominal pain, diarrhea/constipation, difficulty sleeping, acid reflux and irritable bowel syndrome. Physical examination showed epigastric tenderness and cervical/thoracic/lumbar tenderness. The medications list includes prilosec, gaviscon, citrucel, colace, probiotics and amitiza. She has had lumbar computed tomography scan dated 2/10/2015 which showed lumbosacral complete obliteration of disc space with spondylolisthesis, bilateral lumbar 5 fractures and a bulging disc. She has had physical therapy visits for this injury. The treating physician is requesting a 30-60 day rental/purchase of an interferential unit and supplies for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies 30-60 day rental or purchase for low back: Overturned

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

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

Decision rationale: IF unit and supplies 30-60 day rental or purchase for low back. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no 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." Per the cited guideline "While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The patient had cervical/thoracic/lumbar tenderness. The patient also had a diagnostic study- lumbar spine MRI with significant abnormal findings- lumbosacral complete obliteration of disc space with spondylolisthesis, bilateral lumbar 5 fractures and a bulging disc. The patient had GI problems and intolerance to pain medications. The patient has also tried physical therapy for this injury. The request of IF unit and supplies 30-60 day rental or purchase for low back is medically appropriate and necessary for this patient at this juncture.