

Case Number:	CM15-0129664		
Date Assigned:	07/16/2015	Date of Injury:	07/01/2010
Decision Date:	08/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 27 year old male who sustained an industrial injury on 07/01/2010. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar spine sprain/strain, herniated nucleus pulposus at L3-L4, L4-L5, and L5-S1. There is a positive MRI with L5 radiculopathy, positive electromyogram, and positive discogram. There is a cervical spine sprain/strain, herniated nucleus pulposus at C4-5, and C5-6 with radiculitis; left shoulder sprain/strain; symptoms of gastritis; symptoms of anxiety and depression, and respiratory problem. Treatment to date has included medications. Currently, the injured worker complains of pain in the lumbar spine and legs that makes him weak in his back and leg muscles making it difficult for him to walk Medications include Prilosec, Norco, Flexeril, and MS Contin. The treatment plan includes a lumbar fusion and durable medical equipment to be used in his recovery. A request for authorization is made for the following: Interferential unit x 60 day's rental for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit x 60 days rental for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114-121 Page(s): 114-121.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for low back pain and lower extremity weakness. Authorization for a 60 day trial of TENS was requested and February 2015 and, in May 2015, purchase of a TENS unit was requested. When seen, he was having debilitating back pain and lower extremity weakness. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising with paraspinal muscle tenderness. There was lower extremity weakness. An interferential unit was now provided for a 60-day trial period. A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there was benefit, then purchase of a unit would be considered. In this case, there appears to have been a trial of TENS with a left benefit such that purchase of a TENS unit was requested. An interferential unit would not be indicated. Additionally, rental of a unit for up to 60 days is not cost effective and would not be necessary to determine its efficacy. Therefore, the request is not medically necessary.