

Case Number:	CM15-0174372		
Date Assigned:	09/16/2015	Date of Injury:	02/24/2010
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hawaii
 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 64 year old male with an industrial injury dated 2-24-2010. A review of the medical records indicates that the injured worker is undergoing treatment for thoracolumbar musculoligamentous sprain and strain, cervical spine musculoligamentous sprain and strain, bilateral upper extremity radiculitis, muscle contraction headaches, right sacroiliac (SI) joint sprain, psychiatric complaints, internal medicine complaints and sleep complaints. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine dated 08-12-2015, negative electromyography (EMG) and nerve conduction velocity studies of the bilateral lower extremities dated 02-08-2011, urine drug screen, prescribed medications, home exercise program and periodic follow up visits. According to the progress note dated 08-03-2015, the injured worker reported low back pain with radiating numbness and tingling to the right lower extremity that increase with bending, stooping, sitting and standing activities. Objective findings (8-03-2015) revealed tenderness to palpitation over the bilateral paravertebral musculature, lumbosacral junction, right sciatic notch and right sacroiliac (SI) joint. Positive straight leg raises on the right, decreased range of motion in all planes with pain, and decreased sensation along the right L5 and S1 dermatome were also noted on exam. Records indicate cervical spine remains unchanged. The treating physician prescribed services for Home Interferential Unit, now under review. Utilization Review determination on 08-31-2015 denied the request for Home Interferential Unit.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with thoracolumbar musculoligamentous sprain and strain, cervical spine, musculoligamentous sprain and strain, bilateral upper extremity radiculitis, muscle contraction headaches, right sacroiliac (SI) joint sprain, psychiatric complaints, internal medicine complaints and sleep complaints. The patient currently complains of low back pain with radiating numbness and tingling to the right lower extremity that increase with bending, stooping, sitting and standing activities. The current request is for Home Interferential Unit. The treating physician states in the treating report dated 8/3/15 (45B), "Request authorization for home interferential unit to help the patient self manage his pain, increase function and further decrease medication usage". MTUS Guidelines do not recommend Interferential Current Stimulation (ICS). MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case, the clinical history has not provided any information to indicate that a trial of interferential current stimulation has been completed and deemed successful or does the clinical history define why the purchase of a home ICS unit is warranted. The current request is not medically necessary.