

Case Number:	CM15-0031109		
Date Assigned:	02/24/2015	Date of Injury:	02/11/2001
Decision Date:	05/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 58 year old female, who sustained a work related injury on 2/11/01. The diagnoses have included status post lumbar fusion, acute lumbar spine strain, possible acute herniated nucleus pulposus and degenerative lumbar disc disease. Treatments to date have included medications, MRIs of lumbar spine, CT scan of lumbar spine, x-rays lumbar spine and physical therapy. In the PR-2 dated 1/28/15, the injured worker complains of worsening low back pain recently after her low back "went out and I had pain for 7 days." After washing her hair, her pain significantly increased in intensity. She complains of right leg pain and low back spasms. She states the medications help and rates her pain a 4/10 with medications and an 8/10 off medications. She is using muscle relaxants that are helping with the spasms. She has minimal right lumbar tenderness. Range of motion in lumbar area is decreased about 30%. She has palpable lumbar spasms. The treatment plan is give an injection of Toradol for flare-up. He will request authorization for an Interferential Unit for home use instead of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 01/28/15 progress report, the patient presents with worsening low back pain recently after her low back "went out and I had pain for 7 days." After washing her hair, her pain significantly increased in intensity. She complains of right leg pain and low back spasms. The request is for an Interferential Unit For Low Back. The RFA provided is dated 01/29/15 and the date of injury is 02/11/01. The diagnoses include status post lumbar fusion, acute lumbar spine strain, possible acute herniated nucleus pulposus and degenerative lumbar disc disease. Per 01/28/15 report, the physical examination revealed positive right straight leg raise test. Lumbar spine Range of motion is decreased by 30% with palpable lumbar spasms. MRI of the lumbar spine performed on 01/22/15 found solid L4-5 fusion, HNP L3-4 and multi level disc degenerative disease. Treatments to date have included medications, MRIs of lumbar spine, CT scan of lumbar spine, x-rays lumbar spine and physical therapy. The patient is permanent and stationary. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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.) Per 01/28/15 report, treater requests for an "Interferential Unit for home use in lieu of PT." The treater does not explain the need for an interferential unit and the patient does not appear to present with indications for IF unit trial. Progress report 12/17/14 states that the medications help the patient. The patient's medications include Ultram, Naproxen, Ibuprofen, Diclofenac Sodium and Aspirin, per 01/28/15 report. The patient does not appear to suffer from diminished effectiveness of medication, no intolerant side effect for which trial of IF unit would be supported. The patient is not post-operative either. Finally, the patient has not trialed 30-day use to determine its efficacy. The request is not medically necessary.