

Case Number:	CM15-0041852		
Date Assigned:	03/12/2015	Date of Injury:	07/21/2014
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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, Arizona
 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 male who reported an injury on 07/21/2014 due to cranking down the legs of a trailer. On 11/18/2014, he presented for an evaluation regarding his work related injury. His medications included naproxen. He reported moderate pain depending on activity. It was noted that he completed physical therapy with no benefit. He was diagnosed with a sprain and strain of the lumbar region and displaced lumbar intervertebral disc. The treatment plan on the date of visit was noted to be a lumbar ESI x2. A request was made for an IF unit x1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit x 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

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

Decision rationale: The California MTUS Guidelines indicate that interferential current stimulation is not recommended as an isolated intervention and is only recommended with recommended conservative treatments. A 1 month home based trial may be considered after failure of recommended conservative care. The documentation provided indicates that the injured worker had tried and failed physical therapy and was using naproxen for treatment. However, there is no indication that the injured worker would be using the interferential current stimulation unit in conjunction with an adjunct treatment modality with a functional restoration approach to support the medical necessity of the IF unit. Also, further clarification is needed regarding the injured worker's response to the epidural steroid injection that was part of the treatment plan per the 11/18/2014 note. Without this information, the request is not supported. As such, the request is not medically necessary.

Electrodes x 2 packs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Batteries x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Set-up delivery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.