

Case Number:	CM15-0063305		
Date Assigned:	04/09/2015	Date of Injury:	12/18/2013
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 55 male who sustained an industrial injury on 12/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back, bilateral foot, right shoulder and upper extremity pain, and headaches. Current diagnoses include myoligamentous strain of the lumbar spine with left sided radiculopathy, strain of the cervical spine, inflammatory process of the bilateral shoulders knees, and right wrist; bilateral lateral epicondylitis, and lumbar disc protrusion. In a progress note dated 02/11/15 the treating provider reports the plan of care as a surgical consultation, neuro diagnostic testing, SLEEQ AP+ LSO spinal compression brace, walker, and Tylenol #3 for pain. The requested treatments are an Interferential unit rental for 1-2 months and supplies for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit 1-2 Month Rental with 3 Months Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state: Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, Not recommended as an isolated intervention and details the criteria for selection: 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.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for IF Unit 1-2 Month Rental with 3 Months Supplies is not medically necessary.