

Case Number:	CM15-0064502		
Date Assigned:	04/10/2015	Date of Injury:	07/23/2007
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on July 23, 2007. The injured worker was diagnosed with lumbar intervertebral disc displacement without myelopathy, lumbar spine spondylosis, and internal derangement of the bilateral knees. Treatment to date has included conservative measures, diagnostic testing, cortisone injections, multiple physical therapy sessions, surgery and medications. The injured worker is status post knee arthroscopy in July 2013 and an anterior and posterior L5-S1 lumbar fusion on April 14, 2014. Treatment to date has included conservative measures, diagnostic testing, cortisone injections, multiple physical therapy sessions, surgery and medications. According to the primary treating physician's progress report on January 19, 2015, the injured worker continues to experience right knee pain with locking and giving way with decreased range of motion. Examination of the lumbar spine demonstrated tenderness and spasm of the lumbar paraspinal, gluteal, piriformis and hamstring bilaterally with decreased range of motion. Current medications are listed as Naproxen, Norco, Dexilant, Omeprazole, Amitiza and topical medication. Treatment plan consists of continuing with the medication regimen and the current request for an Interferential Stimulation (IF) home unit 60-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF stimulator home unit 60 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Device, Pg 118.

Decision rationale: MTUS guidelines state that Interferential current stimulation devices are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions." This treatment modality has questionable efficacy. At most, guidelines recommend a one month trial period. This request is for a two month trial, which is not supported by the guidelines. Likewise, this request is not considered medically necessary.