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| Case Number: | CM15-0069473 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 04/25/2011 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old male, who sustained an industrial injury on 4/25/2011. He reported a slip and fall sustaining injury to low back and bilateral knees. Diagnoses include lumbar disc displacement without myelopathy, radiculitis, internal derangement of bilateral knees; status post bilateral knee surgery. Treatments to date include activity modification, medication therapy, physical therapy, and lumbar epidural steroid injections. Currently, he had multiple complaints in low back down bilateral lower extremities specifically sacroiliac joints, knees, and the left calf, ankle and foot. Pain was rated 7/10 VAS. On 3/13/15, the physical examination documented tenderness throughout the areas and a positive left raised leg test. The plan of care included medication therapy and durable medical equipment including interferential stimulator home unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Interferential Stimulator Home Unit Trial: Upheld

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

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

Decision rationale: The patient is a 42 year old male with a slip and fall injury to his back and knees on 04/25/2011. He continues to have lumbar radiculopathy. Inferential current stimulation is not recommended as an isolated treatment. Most of the studies were either negative or not interpretable since it combined inferential stimulation with other recommended treatment. Thus, the home unit is not medically necessary.