

Case Number:	CM15-0070544		
Date Assigned:	04/17/2015	Date of Injury:	07/03/2014
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
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: California

Certification(s)/Specialty: Emergency 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:

This 50-year-old male sustained an industrial injury to the back on 7/3/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, home exercise and medications. In a request for authorization dated 2/17/15, the injured worker complained of lumbar spine pain rated 8/10 on the visual analog scale with radiation into the thighs, hips, buttocks and feet, associated with numbness, tingling and "jolts of electricity" into the soles of bilateral feet. Physical exam was remarkable for tenderness to palpation over the lumbar spine paraspinal musculature and lumbar facets at L4 to S1 with positive bilateral sacroiliac tenderness, Fabere's test, sacroiliac joint thrust test, Yeoman's test, left Kemp's test and bilateral straight leg raise and limited range of motion. Current diagnoses included lumbar disc disease, lumbar spine radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint sprain/strain. The treatment plan included epidural steroid injections times two, urine drug testing and a transcutaneous electrical nerve stimulator unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit trial (month) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Pain Guidelines - TENS, (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

Decision rationale: The requested Interferential unit trial (month) Qty: 1.00 is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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.)." The injured worker has lumbar spine pain rated 8/10 on the visual analog scale with radiation into the thighs, hips, buttocks and feet, associated with numbness, tingling and "jolts of electricity" into the soles of bilateral feet. Physical exam was remarkable for tenderness to palpation over the lumbar spine paraspinal musculature and lumbar facets at L4 to S1 with positive bilateral sacroiliac tenderness, Fabere's test, sacroiliac joint thrust test, Yeoman's test, left Kemp's test and bilateral straight leg raise and limited range of motion. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, interferential unit trial (month) Qty: 1.00, is not medically necessary.