

Case Number:	CM15-0072620		
Date Assigned:	05/19/2015	Date of Injury:	05/10/2011
Decision Date:	06/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, California

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:

This is a 26-year-old male patient, who sustained an industrial injury to the low back on 05/10/2011. The diagnoses include discogenic lumbar condition with facet inflammation and radiculopathy, and status post lumbar laminectomy with persistent pain. Per the doctor's note dated 4/16/2015, he had complains of low back pain with spasm and intermittent radiation down the legs. The physical examination revealed tenderness over the lumbar paraspinal muscles, pain with facet loading and pain along facets. The medications list includes gabapentin, flexeril, nalfon and Norco. He has had multiple diagnostic studies including lumbar spine X-rays, MRI and CT scan. He has undergone lumbar laminectomy in 1/2015. He has had physical therapy, chiropractic care and TENS unit for this injury. The treatment plan consisted of interferential or muscle stimulator with conductive garment. An IMR request was also submitted for the following conditionally non-certified/delayed medications: pantoprazole 20 mg #60, tramadol 150 mg #30, and Norco 10/325 mg #60; however, these are not eligible for IMR review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or muscle stimulator with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Request: IF or muscle stimulator with conductive garment per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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." Per the cited guideline, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.)." There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of IF or muscle stimulator with conductive garment is not fully established for this patient now. Therefore, this request is not medically necessary.