

Case Number:	CM15-0073014		
Date Assigned:	04/23/2015	Date of Injury:	10/23/2010
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
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: 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 43-year-old male who sustained an industrial injury on 10/23/2010. Current diagnosis includes exacerbation of lumbar spine surgery of 10/23/2010. Previous treatments included medication management, spine fusion, and physical therapy. Previous diagnostic studies include x-rays. Initial complaints included a low back injury. Report dated 07/21/2014 noted that the injured worker presented with complaints that included low back pain with radiation to the buttocks with weakness and numbness and tingling of the legs. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included physical therapy and medications, and follow up in six weeks for a re-check. The submitted medical records did not include any recent medical records for review. Disputed treatments include interferential (IF) unit and supplies for the lower back, 30-60 day rental and purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit and supplies for lower back, 30-60 day rental and purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS).

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. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment. 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." Medical documentation does not indicate that the patient has tried and failed medication or physical therapy. The medical documentation is insufficient for review. There is no indication that the patient has failed conservative therapy. As such, the request for IF Unit and supplies for lower back, 30-60 day rental and purchase is not medically necessary.