

Case Number:	CM15-0074932		
Date Assigned:	04/24/2015	Date of Injury:	03/18/2010
Decision Date:	05/27/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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, Tennessee
 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:

The injured worker is a 46 year old who sustained an industrial injury on 03/18/2010. Diagnoses include lumbar intervertebral disc disorder with myelopathy, status post-operative arthroscopic knee surgery, and tear of the medial cartilage or meniscus of knee. Treatment to date has included diagnostic studies, medications, activity modification and surgery. A physician progress note dated 02/27/2015 documents the injured worker has complaints of lumbar, right anterior knee pain and left anterior knee pain. He rates his pain as 8/10 and was noticeable 80% of the time. Lumbar ranges of motion are decreased. Kemp's is positive bilaterally, right knee flexion is 95 degrees and extension is -3, and left knee flexion is 95 degrees and 0 extensions. McMurray's is positive on the right. The treatment plan is for Norco, a follow up visit in approximately 30 days, and Interspec interferential stimulator unit. Treatment requested is for Interspec interferential stimulator unit for chronic pain over 90 days, 60 days rental initial trial with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec interferential stimulator unit for chronic pain over 90 days, 60 days rental initial trial with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 - 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118-119.

Decision rationale: 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. If criteria for ICS use are met, then a one-month trial is appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case there is no documentation that the device is to be used in conjunction with other recommended treatments. In addition the requested 60 day trial exceeds the one month trial that is recommended. The request is not medically necessary.