

Case Number:	CM15-0076481		
Date Assigned:	04/28/2015	Date of Injury:	02/15/2008
Decision Date:	05/26/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury on 2/15/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, bilateral sacroiliac joint pain, and lumbar degenerative disc disease. Treatments to date have included muscle relaxant, medial branch blocks, and injections. Currently, the injured worker complains of back, buttock and bilateral knee discomfort. The plan of care was for interferential stimulator or muscle stimulator conductive garment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or Muscle Stimulator conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS addresses use of interferential stimulation, stating that it is not recommended as an isolated intervention. Interferential stimulation may possibly appropriate if pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional consideration is appropriate if there is a history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If these 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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A “jacket” or garment should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Because there is no specific request detailing expectations for a one month trial, based on the provided documents, the request is not considered medically necessary.