

Case Number:	CM15-0091227		
Date Assigned:	05/15/2015	Date of Injury:	04/29/2010
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male, who sustained an industrial injury on 4/29/10. The injured worker has complaints of knee weakness and pain. The diagnoses have included lumbar disc displacement; sprains and strains of lumbar region and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy; home exercise program and anti-inflammatories. The request was for interferential unit (rental for 3 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (rental for 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS; Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for back and knee pain. When seen, he was noted to be working. He was using a lumbar

traction device. Home exercise was recommended. Authorization for a three-month interferential unit rental was requested. A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for 3 months is neither cost effective nor medically necessary.