

Case Number:	CM15-0091437		
Date Assigned:	05/15/2015	Date of Injury:	11/13/2011
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
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: Arizona, 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:

The injured worker is a 64 year old male, who sustained an industrial injury on November 13, 2011. He reported that while lifting a banquet table he felt a sharp pain in the lower back. The injured worker was diagnosed as having status post lumbar spine microdiscectomy in 2012, lumbar disc syndrome status post lumbar laminectomy and discectomy, cervical spine disc protrusion, bilateral upper extremity radiculitis, anxiety, and gastrointestinal (GI) upset. Treatment to date has included lumbar decompression, home exercise program (HEP), MRIs, electromyography (EMG)/nerve conduction study (NCS), physical therapy, and medication. Currently, the injured worker complains of left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac, left posterior elbow, right anterior elbow, left cervical, cervical, right cervical, left anterior leg, left anterior knee, left shin, left ankle, left posterior leg, left posterior knee, left calf, left ankle, right anterior leg, right anterior knee, right shin, right ankle, right posterior leg, right posterior knee, right calf, and right ankle pain. The Primary Treating Physician's report dated February 14, 2015, noted the injured worker rated his discomfort as a 6 on a scale of 10 with 10 being the worst pain, noticeable 100% of the time, rated 8 at its worst and 5 at its best. The injured worker was noted to have notable stress and anxiety. The treatment plan was noted to include a previously requested neurospine consultation, Lidoderm Patches, and requests for authorization for electromyography (EMG)/nerve conduction velocity (NCV) of the upper and lower extremities, a MRI of the cervical spine, post-op therapy of the lumbar spine due to severe flare up and lower extremity weakness, and Interferential Stimulator unit, and transfer of care to

a pain management specialist. The injured worker was noted to be temporarily and totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit 60 day rental: 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 unit Page(s): 118.

Decision rationale: According to the guidelines, an IF unit 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. In this case, there is no mention of adjunctive interventions with IF. Length of intervention and benefit is not well defined. The request for an IF unit is not medically necessary.