

Case Number:	CM15-0092653		
Date Assigned:	05/19/2015	Date of Injury:	09/02/2013
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

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 41 year old male, who sustained an industrial injury on 9/2/2013. Diagnoses have included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included lumbar epidural steroid injection and medication. Per the pain management report dated 3/18/2015, the injured worker complained of lumbar spine pain rated 7/10. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the lumbar spine revealed tenderness to palpation over the paravertebral musculature and moderate facet tenderness over the L3-L5 levels. According to the progress report dated 4/27/2015, the injured worker complained of a flare up of his low back pain. Objective findings revealed decreased range of motion of the lumbar spine, tenderness and muscle guarding. Gait was antalgic. Authorization was requested for an interferential unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit with supplies purchase, low back area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 115-119.

Decision rationale: Due to the scientific uncertainty of the benefits from interferential units (IF) MTUS Guidelines have very specific criteria recommended before long term use can be supported. These criteria include a successful application by a health care provider to demonstrate potential benefits. If this application is successful, then a rental and 30 day home trial is recommended before a purchase for longer term use. These Guideline standards have not been met and there are no unusual circumstances to justify an exception to the Guidelines. The interferential unit with supplies purchase for the low back area is not medically necessary.