

Case Number:	CM15-0092941		
Date Assigned:	05/19/2015	Date of Injury:	12/20/2013
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female, who sustained an industrial injury on 12/20/2013. Diagnoses include lumbar spine sprain/strain, disc protrusion L4-L5 and L5-S1, rule out radiculopathy lower extremities, degenerative disc disease L4-L5 and L5-S1 bilateral facet L4-L5 and L5-S1. Treatment to date has included diagnostics, physical therapy, acupuncture, modified work and medications including NSAIDs and Norco. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/10/2014 multilevel degenerative disc disease, facet spondylosis with mild to moderate bilateral foraminal narrowing and diffuse straightening of the lumbar spine which may be related to muscle spasm. EMG (electromyography)/NCV (nerve conduction studies) dated 3/18/2015 revealed no evidence of acute lumbar radiculopathy or peripheral neuropathy. Per the handwritten Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported low back and bilateral leg pain. Physical examination revealed tenderness, guarding and spasms to the lumbar spine with decreased ranges of motion. Lesegue's test was positive for the bilateral low back and there was hypoesthesia at the levels of L4 and L5. The plan of care included diagnostic testing and medications. Authorization was requested for inferential (IF) unit rental for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit Rental x 5 Months (Lumbar Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: IF Unit Rental x 5 Months (Lumbar Spine) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to interferential therapy 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. The MTUS states that interferential therapy may possibly be appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. These conditions include if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is a history of substance abuse; or if there is significant pain from postoperative conditions limits 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 the patient meets the above criteria then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The request for a 5 month rental exceeds the one month trial recommended by the MTUS therefore the request for inferential unit for 5 months for the lumbar spine is not medically necessary.