

Case Number:	CM15-0097093		
Date Assigned:	05/27/2015	Date of Injury:	10/20/2013
Decision Date:	06/26/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38-year-old female patient who sustained an industrial injury on 10/20/2013. The patient was noted working as a certified nursing assistant when the injury occurred. The accident was described as while performing work duties involving residents the worker was injured lifting a client. A primary treating office visit dated 02/11/2015 reported the patient with subjective complaint of having had bent over three days prior and upon standing up she experienced acute sensation of terrible pain in the back which remained present through current presentation. She reports taking Naproxen with no change in symptom. The patient rated the pain 8 out of 10 in intensity with some noted right posterior leg pain that has since improved. She is feeling frustration due to the fact that before this set back she was 60-70 5 improved. Objective finding showed dorsolumbar range of motion flexion at 40 degrees, extension at 10 degrees, right lateral flexion at 15 degrees, and left at 20 degrees. There is significant tenderness noted at the right sacroiliac joint, lumbosacral junction and left sacroiliac joint. She is diagnosed with the following: lumbosacral strain/sprain, and lumbar muscle spasm. The plan of care involved the patient with recommendation to undergo an additional course of chiropractic session, and continue with modified work duty. A chiropractic visit dated 11/24/2014 reported the patient using Naproxen, and Voltaren topical for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 Interferential unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, MEDS-4 Interferential unit (ICS) with garment is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for ICS to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are lumbosacral strain/sprain; and lumbar muscle spasm. The date of injury is October 20, 2013. The request for authorization is dated April 22, 2015. The most recent progress note in the medical record is dated February 11, 2015. Subjectively, according to the February 2015 progress notes, the injured worker has complaints of a four-day exacerbation of low back pain. The pain scale was 8/10. The injured worker states she was 60 - 70% improved prior to the incident. Objectively, range of motion of the lower back is decreased. There is tenderness palpation over the right sacroiliac joint, and lumbosacral junction and left SI joint. There is no discussion, indication or clinical rationale for an interferential unit with garment. Documentation from a November 24, 2014 progress note shows the treating provider requested a one month interferential unit (IF) clinical trial. However, there was no documentation of the trial nor is there documentation of objective functional improvement with the IF unit. Consequently, absent clinical documentation of the requested one month IF clinical trial, objective functional improvement with the IF clinical trial and a clinical discussion, indication or rationale for an IF unit (request for authorization date April 22, 2015), MEDS-4 Interferential unit (ICS) with garment is not medically necessary.