

Case Number:	CM14-0147750		
Date Assigned:	09/15/2014	Date of Injury:	07/10/2014
Decision Date:	10/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female, who sustained an injury on July 10, 2014. The mechanism of injury occurred when she tripped going down stairs and jerked her back. Diagnostics have included: August 21, 2014 lumbar MRI reported as showing L5-S1 degenerative changes and retrolithesis. Treatments have included: medications, chiropractic. The current diagnoses are: lumbar and sacroiliac joint strain/sprain with radiculitis, r/o intervertebral disc syndrome. The stated purpose of the request for ART Interferential Stimulator, 30 day trial, due to drug intolerance. The request for ART Interferential Stimulator, 30 day trial, was denied on September 2, 2014, citing a lack of documentation of physical therapy trials, home exercise program, positive trials of electrical stimulation under the supervision of a licensed physical therapist. Per the report dated August 19, 2014, the treating physician noted complaints of constant low back pain with intermittent radiation to the right leg. Exam findings included spasm of the right piriformis and quadratus lumborum, 50% restricted range of motion, positive right-sided Patrick sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART Interferential Stimulator, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested ART Interferential Stimulator, 30 day trial, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has low back pain with intermittent radiation to the right leg. The treating physician has documented spasm of the right piriformis and quadratus lumborum, 50% restricted range of motion, positive right-sided Patrick sign. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, ART Interferential Stimulator, 30 day trial, is not medically necessary.