

Case Number:	CM14-0155367		
Date Assigned:	09/25/2014	Date of Injury:	01/16/2007
Decision Date:	11/05/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 54-year-old male who reported an injury on 01/16/2007. The mechanism of injury occurred when a metal tube fell on his left leg as a result of him tripping. The injured worker's diagnoses included lumbago. The injured worker's past treatments included transcutaneous stimulation therapy, medications, back brace, heat therapy, injections, physical therapy, and acupuncture. The injured worker's diagnostic exams included an X-ray of the lower back, an MRI of the lumbar spine, electromyography studies, and a CT scan of the lumbar spine. The injured worker's surgical history included a fusion of the L4-5, L5-S1 performed on 08/2008. On 06/12/2014, the injured worker complained of low back pain that radiated to the bilateral legs. He rated this pain 8/10 on the pain scale and reported numbness down into his bilateral legs all the way into the feet. The injured worker complained that he had pain and difficulty with walking, bending, sitting, and standing. The physical exam revealed tenderness and pain upon palpation of the lower back. The injured worker's medications included Kadian 10 mg and Prozac 10 mg. The treatment plan consisted of the continuation of acupuncture. A request was received for a 2 month rental of AVID interferential stimulator with 8 electrode packs, 24 power pack, 32 adhesive mint and 1 TT & SS lead wire. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month rental of AVID interferential stimulator with 8 electrodes packs, 24 power pack, 32 adhesive mint and 1 TT & SS lead wire: 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 Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The request for a 2 month rental of AVID interferential stimulator with 8 electrodes packs, 24 power pack, 32 adhesive mint and 1 TT & SS lead wire is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of interferential current stimulation as an isolated intervention. There is no quality evidence of the effectiveness except in conjunction with recommended treatment, including returning to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There is insufficient literature to support interferential current stimulation for the treatment of back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain. There are also no standardized protocols for the use of interferential therapy, and the therapy may vary according to the frequency of stimulation, proposed duration, treatment time, and electrode placement technique. Based on the clinical notes the injured worker complained of low back pain, which he rated 8/10 on the pain scale. The injured worker had a diagnosis of lumbago. The clinical notes failed to indicate the efficacy of his acupuncture treatments. However, the use of interferential current stimulation therapy is not recommended as there is no quality evidence of effectiveness except in conjunction with recommended treatments. The clinical notes do not indicate the efficacy of any of the injured worker's conservative treatments, which included medications, physical therapy, and acupuncture. Therefore, due to lack of support from the guidelines for the treatment of low back pain with the use of an interferential current stimulation the request is not supported. Thus the request for 2 month rental of AVID interferential stimulator with 8 electrodes packs, 24 power pack, 32 adhesive mint and 1 TT & SS lead wire is not medically necessary.