

Case Number:	CM14-0173146		
Date Assigned:	10/23/2014	Date of Injury:	06/30/2014
Decision Date:	11/25/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old male with an injury date of 06/30/14. The 07/29/14 report states that the "injured worker presents with lower back pain radiating to the right hip and buttock." Examination reveals tenderness to palpation over the paravertebral musculature, right side worse than left as well as over the lumbosacral junction, right sacroiliac joint and right gluteal musculature. Paraspinal muscle spasm is present at mild intensity right side worse than left. Straight leg raise test is positive eliciting increased low back pain radiating to the buttock on the right. Straight leg test elicited lower back pain without radicular symptoms on the left. Examination of the right hip shows tenderness to palpation over the greater trochanteric region, gluteal musculature and sacroiliac joint. The injured worker's diagnoses include: Lumbar musculoligamentous sprain/strain and right lower extremity radiculitisRight sacroiliac joint sprainRight hip sprain/strain and greater trochanteric bursitisThe Utilization Review being challenged is dated 10/11/14. Reports were provided from 07/08/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential (If) Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 120.

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

Decision rationale: MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. In the 07/29/14 report [REDACTED] states this request will allow for, "a more consistent self-guided treatment of flare ups and for relief of pain and spasm rather than taking prescribed medication due to the side effects." The report also states the injured worker declines prescription medication due to the side effect of daytime sleepiness. The reports show the requested treatment is not intended as an isolated interventions as the treater is requesting authorization for physical therapy and it is recommended the injured worker continue use of a back brace and hot packs. The injured worker's concern about side effects of medication is discussed. The reports provided do not assess the injured worker's pain through the use of pain scales and it is unclear if the injured worker's pain is not controlled, and there is no discussion regarding the injured worker's response to conservative measures. Furthermore, MTUS allows for a one month trial if all criteria are met and this request is for purchase. A prior trial of an IF unit is not documented. In this case, the request for the Purchase of Interferential (If) Unit and Supplies is not medically necessary.