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| Case Number: | CM13-0008078 | | |
| Date Assigned: | 09/13/2013 | Date of Injury: | 01/21/2005 |
| Decision Date: | 01/09/2014 | UR Denial Date: | 07/24/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in 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 physician 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.

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 underlying date of injury in this case is 01/21/2005. Treating diagnoses include 827.2, 724.2, 722.1, and 717.7. The patient is a 62-year-old woman. Treating diagnoses include a lumbar sprain, lumbar intervertebral foraminal stenosis, status post right knee arthroscopy, and a right knee sprain. On 09/27/2013, the treating physician submitted a supplemental report requesting to appeal a prior utilization review decision in reference to a conductive lumbar garment with lead wire, conductive mist spray, interferential unit, electrodes, power packs, adhesive towel removal, and a technical support fee. This letter requests an independent medical review and notes that when the patient utilizes the interferential unit, it is justifiable that specifications such as lead wires and other accessories ensure reliable pain management. The provider also requested a conductive lumbar garment and conductive mist system and adhesive removal system, noting that the interferential unit has the same properties as that of a TENS unit and is a valuable component for the patient's rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive lumbar garment for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Lead wires times two (2) for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Conductive mist spray for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: he Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if

documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Interferential Unit for two (2) month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Page(s): 118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Eight (8) electrodes for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not

meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Twenty-four (24) power packs for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Thirty-two (32) adhesive removal towels for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from

the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.

Tech fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 118, states, "Not recommended as an isolated intervention...While not recommended as an isolated intervention,...possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by a physician...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions, or unresponsive to conservative measures." The medical records do not meet these criteria to support an indication for interferential stimulation. Indeed, a large portion of the treating medical records are only marginally legible. It is difficult to determine the specific goals and types of treatment provided previously. Overall, the records and the appeal letter from the physician did not support that the patient meets these criteria. This request for an interferential stimulation unit and/or related accessories and services is not medically necessary.