MAXIMUS Federal Services

Case Number:	CM13-0023419		
Date Assigned:	11/15/2013	Date of Injury:	04/13/2012
Decision Date:	02/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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 Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular disease, and is licensed to practice in Texas. 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. 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 patient is a 58-year-old female who reported a work-related injury on 4/13/12, as the result of a fall. Subsequently, the patient presented for treatment of a sprain to the lumbar region, and lumbosacral neuritis. The clinical note dated 8/19/13 reports the patient was seen under the care of [redacted]. The provider documents that the patient continues to present with complaints of low back pain, left ankle pain, and intermittent swelling about the ankle. The provider documents that the patient reported tenderness upon palpation of the lumbar spine, and tenderness upon palpation of the facets bilaterally at L4 to S1. The provider documented a re-request for chiropractic services to treat the patient's lumbar spine, and the request for authorization for an interferential unit to decrease the patient's pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of an interferential unit for the low back/left ankle: 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 Page(s): 120.

Decision rationale: The clinical documentation submitted for review documents that the patient continues to present with lumbar spine pain and left lower extremity pain, status post a work-related fall with injury sustained in April of 2012. The clinical notes fail to document that the patient had utilized a trial of the requested intervention prior to request for purchase. In addition, the California MTUS indicates that interferential treatment is not recommended as an isolated intervention, and that patient criteria for recommendation are specific. The clinical notes fail to document the patient's current medication regimen, objective findings of functional deficit, or a trial of utilization of this intervention. Given all of the above, the request for purchase of interferential unit for the low back/left ankle is not medically necessary or appropriate.