MAXIMUS Federal Services

Case Number:	CM13-0024335		
Date Assigned:	10/11/2013	Date of Injury:	09/15/2004
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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:

This is a 48 year-old male with a 9/15/04 industrial injury. His diagnoses include lumbosacral strain/sprain with right lower extremity radiculitis, 2-mm osteophyte at L4/5, L3-5 stenosis, facet arthropathy, bilateral upper extremity radiculitis, left cubital tunnel syndrome. According to the IMR application, there is a dispute with the 9/10/13 UR decision by RWI, which is a denial for Interferential Unit Supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The supplies for the interferential unit would appear appropriate, if the MTUS criteria for interferential therapy were met. However, none of the current medical reports discussed interferential therapy and the rationale for providing the supplies was not provided on the 7/17/13 report from [redacted] the 8/21/13 report from [redacted], nor the 9/24/13 report

from [redacted]. There is no discussion of diminished effectiveness of medications, or ineffective controlled pain due to medication side effects, history of substance abuse, or postoperative pain. There is no discussion of any functional improvement with the interferential therapy. Therefore, I am unable to determine whether the use of an interferential stimulator is in accordance with MTUS guidelines, thus the supplies for the interferential stimulator are also indeterminable in relation to MTUS guidelines. Recommendation is for denial.