

Case Number:	CM13-0030653		
Date Assigned:	11/27/2013	Date of Injury:	06/23/2010
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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, Pain Medicine and is licensed to practice in Oklahoma and 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 52 year-old male who reported an injury on 06/23/2010. The mechanism of injury was noted to be the patient was picking up a trashcan that he had accidentally knocked over when he developed low back pain. The patient's diagnoses were not provided. The clinical documentation submitted for review was from 2011. The request was made for retrospective, 4 electrodes, 6 replacement batteries, and 8 adhesive remover wipes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 4 electrodes: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review fails to provide a recent note as the documentation submitted for review was from 2011. It fails to provide documentation of functional improvement with the interferential current stimulation. It

fails to provide documentation of exceptional factors to warrant continued usage. Given the above, the request for retrospective request for 4 electrodes is not medically necessary.

Retrospective request for 6 replacement batteries between 7/26/2013 and 7/26/2013:

Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review fails to provide a recent note as the documentation submitted for review was from 2011. It fails to provide documentation of functional improvement with the interferential current stimulation. It fails to provide documentation of exceptional factors to warrant continued usage. Given the above, the request for retrospective request for 6 replacement batteries between 7/26/2013 and 7/26/2013 is not medically necessary.

Retrospective request for 8 adhesive remover wipes between 7/26/2013 and 7/26/2013:

Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review fails to provide a recent note as the documentation submitted for review was from 2011. It fails to provide documentation of functional improvement with the interferential current stimulation. It fails to provide documentation of exceptional factors to warrant continued usage. Given the above, the request for retrospective request for 8 adhesive remover wipes between 7/26/2013 and 7/26/2013 is not medically necessary.