MAXIMUS Federal Services

Case Number:	CM13-0033449		
Date Assigned:	12/06/2013	Date of Injury:	08/06/2012
Decision Date:	03/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 40-year-old female with date of injury from 08/06/2012. The list of diagnoses include contusion injury in the bilateral heels, bilateral achilles tendinitis, radiating hip pain and painful gait. The request is for interferential unit and the treating physician's report from 09/09/2013 states that this patient has symptoms of right hip and right lower extremity plantar fasciitis pain, which is getting slightly better. Most of the pain continues to be in the hip and low back. Interferential unit was recommended to decrease symptoms of pain that she continues to have. This patient apparently had interferential unit that helped her a lot in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interferential unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous Electrotherapy Chapter, page 114 and TENS Chapter, pages 114-116.

Decision rationale: This patient presented with chronic low back and heel pain. The treating physician has requested an interferential unit. The California MTUS Guidelines pages 118 to 120 states that interferential current stimulations are not recommended as an isolated intervention. While it is not recommended as an isolated intervention, patient's selection criteria if this unit is to be used are: 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 condition or unresponsive to conservative measures. If these criteria are met, then a 1-month trial may be appropriate. In this case, the treating physician does not mention whether or not medications have been non-effective. He simply states that this unit is recommended to decrease symptoms. The patient is also not postoperative. The California MTUS also recommends 1-month trial first. The current request is for a home use. The recommendation is for denial.