

Case Number:	CM13-0034472		
Date Assigned:	12/06/2013	Date of Injury:	05/12/2009
Decision Date:	02/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; shoulder corticosteroid injections; a home TENS unit; and extensive periods of time off of work, on total temporary disability. In a utilization review report October 3, 2013, the claims administrator certified a request for home exercise kit, denied an arm sling purchase, denied an interferential unit purchase, and denied associated supplies. The applicant's attorney later appealed, on October 24, 2013. A psychiatric note on November 4, 2013 is notable for comments that the applicant is totally temporarily disabled on combined physical and psychological basis, it is stated. An earlier note of July 24, 2013 is notable for comments that applicant should employ at-home interferential unit, right shoulder exercise kit, a sling, and a discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

arm sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 9 table 9-6, only brief usage of the sling for severe shoulder pain on the order of one to two days is recommended. ACOEM does not support long-term usage of slings, as this would promote stiffness, immobility, and disuse, all of which are to be discouraged rather than encouraged here. Therefore, the request is not certified.

interferential unit (IF): 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: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for purchase of interferential current stimulator device include evidence of a successful one-month trial of the same. Interferential stimulator should only be pursued on a trial basis on those individuals in whom pain is ineffectively controlled due medication side effects, history of substance abuse that would prevent prescription of analgesic medications, and/or significant pain, which reduces an individual's ability to participate in exercise programs or physical therapy. In this case, there is no evidence of medication intolerance, medication failure, and/or history of substance abuse that would prevent provision of analgesic medications. The criteria for a one-month trial of interferential stimulation have not been met, let alone the interferential stimulator purchase being proposed here. Therefore, the request is not certified.

electrodes (18 pairs/units): 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: Since the interferential stimulator itself has not been certified, the associated electrode supplies are also not certified, again on the grounds that the claimant has not previously undergone a successful one-month trial of said Interferential Current Stimulator device.