

Case Number:	CM13-0042481		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2010
Decision Date:	04/09/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Rheumatology and is licensed to practice in New York. 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 47-year-old man who was injured in 2010. His diagnosis is lower back pain with radiculopathy. The symptoms include numbness, tingling, and weakness in the lower extremities. His physician requested approval for the purchase of an interferential current stimulator (interferential unit) and a set of eighteen (18) pairs of electrodes for home treatment. This purchase was not certified because, according to MTUS criteria, there was no documentation that the patient had had a 30-day trial of an interferential stimulator prior to certification of the purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an interferential (IF) unit and eighteen (18) pairs of electrodes for muscular tension, to reduce pain, and increase musculoskeletal function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that interferential current stimulation (ICS) is not to be used as an isolated intervention. It is considered appropriate

for certain conditions, including pain ineffectively controlled due to lack of efficacy or side effects of medications; history of substance abuse; significant pain from postoperative conditions that limit the ability of the patient to participate in physical therapy/exercise programs; or unresponsiveness to conservative measures. If those criteria are met, then a one-month trial of ICS may be appropriate in order for the physician and patient to assess the effects and benefits. This patient has not had a one-month trial of ICS and therefore purchase of the interferential unit is not medically necessary.