

Case Number:	CM13-0043268		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2007
Decision Date:	10/16/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 is represented a [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; and transfer of care to and from various providers in various specialties. Somewhat incongruously, the claim administrator referred to the device in question as a TENS unit in some sections of its Utilization Report and then referred to the same device as an inferential unit in another section of its report. The applicant's attorney subsequently appealed. In a December 4, 2012, progress note, the applicant was described as having persistent complaints of low back pain. Naprosyn, Norco, Prilosec, Zanaflex, Prozac, Zofran, Ambien and topical Dendracin were renewed. The applicant's work status was not furnished. The applicant was asked to pursue a spinal cord stimulator trial. On November 5, 2013, authorization was sought for hot and cold compression device, seemingly without any associated progress notes. On October 7, 2013, the applicant was again described again as having heightened complaints of low back pain. Multiple medications were renewed. The applicant remained depressed. Spinal cord stimulator trial was again endorsed. On November 5, 2013, the applicant received trigger point injections in the clinic setting. Authorization was sought for moist heat and continuous cooling/heating device. The applicant's work status was not clearly stated. In an April 4, 2013 psychiatric medical-legal evaluation, it was acknowledged that the applicant was not working. The remainder of the file was surveyed. There was no clear or concrete evidence that the applicant had received an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries For IF Unit X 10: 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 topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential current stimulator, and by implication, provision of associated supplies is predicated on evidence of a favorable outcome during an earlier one-month trial of the same. In this case, it appears that the applicant may have been provided with an interferential unit device at some point in the past. However, the inferential unit device has failed to generate any lasting benefit or functional improvement to date. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various opioid and non-opioid medications, including Norco, Naprosyn, Neurontin, Ambien, Fexmid, Dendracin, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite seeming earlier provision with an interferential unit. Therefore, the request for interferential unit batteries is not medically necessary.

Electrodes For IF Unit (Four Per Pack) X 10 For Purchase: 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 topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision with and/or usage of an interferential unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial of the same. In this case, it appears that the applicant may have been given interferential unit at some earlier point during the course of the claim. Ongoing usage of interferential unit, however, has not been altogether successful. The applicant remains off of work. The applicant remains reliant on various opioid and non-opioid agents, including Norco, Naprosyn, Prilosec, Neurontin, Fexmid etc. All of the together, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier usage of the interferential unit. Therefore, the request for interferential unit electrodes is not medically necessary.