

<b>Case Number:</b>	CM13-0046037		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 female patient with a date of injury of 4/1/09. A utilization review determination dated 10/28/13 recommends non-certification of an IF unit. A progress report dated 11/13/13 identifies subjective complaints including headaches with dizziness, neck pain radiating to the right shoulder, low back pain, right shoulder pain, right elbow pain, right wrist pain, right knee pain, stress, anxiety, irritability, crying spells, depression, sleep interruption, reduced daytime alertness, and difficulty falling asleep. Objective examination findings identify tenderness over various body parts. Treatment plan recommends Neurontin, Gaviscon, tramadol, pain management procedure by [REDACTED], referral to orthopaedic surgeon to rule out infection or loosening, a TENS unit, and continue use of the IF 4 unit at home for pain symptoms of the back and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for DME IF unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** Regarding the request for DME IF unit, California MTUS supports a trial of an IF unit when specific criteria are met in order to study the effects and benefits of the treatment, noting that there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Within the documentation available for review, it is noted that the request is for continued use of the IF unit; however, there is no documentation of evidence of increased functional improvement, less reported pain and evidence of medication reduction. In the absence of such documentation, the currently requested DME IF unit is not medically necessary.