

Case Number:	CM13-0055946		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2009
Decision Date:	03/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/21/2013

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 patient filed a claim for upper extremity pain, low back pain, and shoulder pain reportedly associated with an industrial injury of July 20, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; medications for erectile dysfunction; and an earlier epidural steroid injection. In a utilization review report of October 17, 2013, the claims administrator approved a prescription for Cialis while denying a request for an interferential stimulator device. In a clinical progress note of November 5, 2013, the patient presented reporting 7/10 pain with medications and 5/10 pain without medications. The patient was having pain with ambulation and activities of daily living. Lumbar myofascial tenderness, spasm, and limited range of motion were noted. The patient was asked to obtain a three-month rental of an inferential stimulator while employing Flexeril and Neurontin for pain relief. Cialis was apparently introduced for sexual dysfunction. It was suggested that the patient was reportedly working with restrictions in place, although this is not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 DAYS RENTAL OF A INTERFERENTIAL UNIT: Upheld

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

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, interferential stimulation is "not recommended" as an isolated intervention, but can be employed in those applicants in whom pain is ineffectively controlled with analgesic medications, those applicants with medication side effects that prevent prescription of analgesic medications, and/or those applicants with a history of substance abuse in whom provision of analgesic medications is unwise. In this case, however, these criteria have not seemingly been met. There is no history of substance abuse mentioned here. There is no evidence of incomplete analgesia with analgesic medications. There is no evidence of medication side effects, which limits provision of analgesic medications. The applicant is described as exhibiting 7/10 pain without medications and 5/10 pain with medications. There is no mention of analgesic medications being ineffectual here. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines recommends a 30-day or one-month trial of interferential stimulator device while the attending provider reportedly sought a 60-day rental. For all the stated reasons, then, MTUS criteria for pursuit of an inferential stimulator trial have not been met. Therefore, the request remains non certified, on independent medical review.