

Case Number:	CM13-0057219		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2011
Decision Date:	04/09/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neurology has a subspecialty in Neuromuscular 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:

██████████ is a 57 year old man who sustained a work related injury on January 9 2011. Subsequently, he developed chronic neck and back pain. According to the note dated on July 5 2013, the patient continued to have a back pain and right shoulder and left hip pain. Physical examination demonstrated lumbar tenderness with reduced range of motion. The patient has a history of right shoulder pain and surgery. The patient was treated with acupuncture and chiropractic sessions. The provider requested authorization to use of DME IF (Interferential) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for DME IF (Interferential) unit: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. Furthermore, there is no justification for TENS if there is no documentation of the efficacy of one month trial. Therefore, DME IF (Interferential) unit is not medically necessary.