

Case Number:	CM13-0057850		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2013
Decision Date:	05/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 California MTUS recommends interferential stimulation for patients who have failed the provided pain control with medications, and other conservative measures, including a TENS unit. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a trial of TENS that has failed to provide significant pain control. Additionally, the request as it is submitted does not provide the duration of treatment. The California MTUS recommends a 30 day trial of this treatment modality to establish efficacy. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the request is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL STIMULATOR UNIT WITH SUPPLIES (RETROSPECTIVE):

Upheld

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

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

Decision rationale: The California MTUS recommends interferential stimulation for patients who have failed the provided pain control with medications, and other conservative measures, including a TENS unit. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a trial of TENS that has failed to provide significant pain control. Additionally, the request as it is submitted does not provide the duration of treatment. The California MTUS recommends a 30 day trial of this treatment modality to establish efficacy. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the request is not medically necessary or appropriate.