

Case Number:	CM13-0058951		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2009
Decision Date:	03/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 male sustained an injury on 9/1/09 while employed by the [REDACTED]. The request under consideration includes interferential unit purchase with electrodes (18 pairs). The patient was declared MMI (maximal medical improvement) in January 2012 by an AME/QME. Disability status report from provider dated 9/18/13 noted the patient to have reached maximal medical improvement and is permanent and stationary. The medical report of 9/18/13 from provider noted patient has continued complaints of neck and back pain as well as right hip pain. He is under the care of pain management who is planning cervical epidural steroid injection. The exam showed spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range and tenderness in right greater trochanter. Medications will be refilled. The treatment plan will continue conservative medical management based on the P&S report with further recommendation at the time of the next visit. The diagnoses included brachial neuritis or radiculitis not otherwise specified enthesopathy of hip, thoracic or lumbar disc displacement without myelopathy and cervical disc disorder with myelopathy. The request for IF purchase with electrodes were non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit purchase with electrodes (18 pairs): 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 Transcutaneous Electrotherapy Section Page(s): 115-118.

Decision rationale: The California MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this September 2009 injury. The interferential unit purchase with electrodes (18 pairs) is not medically necessary and appropriate.