MAXIMUS Federal Services

Case Number:	CM13-0059012		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2013
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, has a subspecialty in Interventional Spine 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 a 24 year-old male assembler who was working on TV sets 8-hours a day in a slouched position and reported developing fatigue and pain in the mid back, and became severe on 1/14/13. According to the 10/09/13 chiropractic report, the patient has chronic thoracic spine sprain/strain and spinal enthesopathy. On 10/29/13 UR denied a home interferential unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Interferential Current Stimulation (ICS). Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, for TENS, Interferential Current Stimulation (ICS) Pa.

Decision rationale: The Doctor's First Report shows that [redacted], the chiropractor first evaluated the patient on 8/26/13, the patient had 5-6/10 mid-back pain. [redacted] recommended a trial of 12 chiropractic sessions with PT and referral to pain management for medications. The follow-up visit from [redacted] is dated 10/9/13 and requests chiropractic

care 2 x 3 or up to 18 visits. A home interferential unit was also requested. There is a 10/28/13 initial report from [redacted] for pain management, who prescribed Anaprox 550mg bid. MTUS provides the following criteria for interferential units: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc. The records show the interferential unit was requested before [redacted] started the trial of Naproxen. There is no discussion that it failed or was anticipated to fail. There is no mention that the patient had a substance abuse problem, or has been unresponsive to conservative measures. In fact the chiropractor argues that chiropractic care has provided functional improvement. The MTUS criteria for the interferential therapy has not been met.