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| Case Number: | CM14-0000444 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 08/14/2012 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 & 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 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 patient is a 63 year old with an injury date on 8/14/12. Exam on 10/29/13 showed positive straight leg raise on right and decreased sensation of left L-spine. [REDACTED] is requesting a OS-4 stimulator for a three month rental. The utilization review determination being challenged is dated 12/9/13. [REDACTED] is the requesting provider, and he provided treatment reports from 4/29/13 to 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME RENTAL: OS4 UNIT (DOS 8/26/13,9/26/13,10/25/13 AND 10/26/13-11/25/13) WITH E STIM SUPPLIES (ELECTRODES QTY 12 PACKS, POWER PACKS QTY 36, ADHESIVE REMOVER TOWEL MINT QTY 48) X 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 114-116

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

Decision rationale: Regarding Interferential Current Stimulation, MTUS does not recommend it as an isolated intervention, as randomized trials were negative or non-interpretable. A 1-month trial is allowed, and if there is evidence of increased functional improvement, less reported pain and medication reduction, a "jacket" may be supplied with documentation that the individual cannot apply the stimulation pads alone. In this case, the treating physician has asked for a three month rental of the unit, which exceeds MTUS guidelines. Therefore, the request is not medically necessary.