MAXIMUS Federal Services

Case Number:	CM14-0003632		
Date Assigned:	01/31/2014	Date of Injury:	07/25/2012
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 41-year-old who reported an injury on July 25, 2012 secondary to an automobile accident. The clinical note dated December 19, 2013 reported the injured worker complained of intermittent periods of increased pain at home relieved with a TENS (transcutaneous electrical nerve stimulation) unit in the past. The physical examination noted tenderness to palpation at the spinal vertebral C4-C7 and mild reduction in range of motion secondary to pain and tenderness to the spinal vertebral L4-S1 with moderately limited range of motion secondary to pain. The diagnoses included cervical radiculitis, lumbar radiculopathy, headaches, and chronic pain. The treatment included was a recommendation for interferential unit, thirty day rental. The request for authorization for an interferential unit was submitted on December 19, 2013 for the injured worker to use at home in conjunction with a home exercise program to allow him not to use prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME INTERFERENTIAL UNIT 30 DAY RENTAL: Overturned

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, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 118-119

Decision rationale: The injured worker has a history of chronic low back pain with left lower extremity radiation and headaches. The Chronic Pain Medical Treatment Guidelines state Interferential Current Stimulation is not recommended as an isolated intervention. The guidelines also state there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. According to the guideline recommendations and the clinical information, provided for review, stating the injured worker is participating in a home exercise program which will be used in conjunction with an Interferential Unit and the injured worker has failed more conservative treatments, the request is reasonable. The request for an interferential unit, thirty day rental, is medically necessary and appropriate.