

Case Number:	CM14-0005511		
Date Assigned:	09/05/2014	Date of Injury:	05/12/2003
Decision Date:	10/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 55 year old female whose date of injury is 05/12/2003. On this date a student's wheelchair rolled over her feet. Diagnoses are listed as lumbar radiculopathy, chronic pain, insomnia, medication and bilateral knee pain. Treatment to date is noted to include Transcutaneous electrical nerve stimulation (TENS) unit, injections, medication management and diagnostics. Request for authorization dated 01/15/14 indicates that the interferential unit (IF) unit has been utilized for ten years and then the unit broke. The injured worker has been recommended to be provided with a replacement unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit 60 Day Rental for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The submitted records indicate that the injured worker has utilized an interferential unit for over ten years; however, no objective measures of improvement were documented to establish efficacy of treatment in accordance with the MTUS Chronic Pain

Guidelines. There is no current, detailed physical examination submitted for review and no specific, time limited treatment goals are provided. Therefore, medical necessity is not established in accordance with the MTUS Chronic Pain Guidelines.