

Case Number:	CM14-0007721		
Date Assigned:	02/07/2014	Date of Injury:	11/13/1997
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 underlying date of injury in this case is 11/13/1997. The patient's diagnosis is a lumbar radiculopathy. Additional diagnoses include cervical radiculopathy, knee tendinitis/bursitis, and a meniscus tear of the tear. On 07/11/2013, the patient was seen by her treating spine surgeon and was noted to have burning in the left side as well as an exacerbation of neck pain radiating to the bilateral upper extremities with burning and numbness. The patient had decreased sensation over the C6 and C7 dermatomes bilaterally. On 11/12/2013, the patient's pain physician saw the patient in follow-up and noted she had complaints of pain in the lumbar spine and left knee. The patient was status post microdecompression on the left and also a history of multiple surgeries on her left knee, but she continued to be symptomatic with burning in her left lower extremity. That physician began a trial of Lyrica. A specific discussion in the medical record regarding the rationale and indications for purchase of an interferential stimulator unit is not apparent at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF DURABLE MEDICAL EQUIPMENT (DME) - INTERFERENTIAL (IF) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Interferential Cur.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Interferential Stimulation Page(s): 118-120.
Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL STIMULATION, PAGE 118-120

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, page 118-120, states that this is not a first-line medication. Rather, this is indicated in very specific clinical situations where extensive other treatment has been ineffective. The medical records do not document an indication for interferential stimulation consistent with these guidelines. Therefore, the request for the purchase of durable medical equipment (DME) - interferential (IF) unit is not medically necessary and appropriate.