MAXIMUS Federal Services

Case Number:	CM14-0107344		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2007
Decision Date:	12/31/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and apparent return to work.In a Utilization Review Report dated June 17, 2014, the claims administrator failed to approve request for supplies for an electrical stimulation unit/TENS unit. The applicant's attorney subsequently appealed.In a progress note dated June 6, 2013, the applicant was asked to continue Tramadol and Motrin for ongoing complaints of low back, wrist, and knee pain. The applicant was working, it was acknowledged, albeit with a different employer. Home exercises and electrical stimulation unit supplies were endorsed.On April 8, 2014, the attending provider noted that the applicant was not working. It was stated that the applicant should continue usage of an interferential stimulator device/electrical stimulator unit with associated supplies. Additional manipulative therapy was endorsed. It was stated that that ongoing usage of the interferential unit was diminishing the applicant's medication consumption in one section of the note; however, the applicant was given refills of Tramadol and Motrin at the bottom of the report. The applicant is having difficulty performing prolonged standing and walking activities, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for electrical stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential unit and, by implication, provision of associated supplies should be predicated on evidence of favorable outcome during a previous one-month trial of the same in terms of "increased functional improvement, less reported pain, and evidence of medication reduction." Here, however, the applicant is not working. There is no tangible evidence of any reduction in medication consumption. The applicant remains dependent on Motrin and Tramadol. The attending provider has failed to outline any significant improvements in function achieved as a result of previous usage of the interferential unit in terms of the functional improvement parameters established in MTUS. Therefore, the request is not medically necessary.