

Case Number:	CM14-0114910		
Date Assigned:	08/04/2014	Date of Injury:	08/22/2013
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Washington. 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 36-year-old female who reported an injury on 08/22/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her neck, left shoulder, mid and low back. The injured worker was evaluated on 05/20/2014. It was noted that the injured worker had persistent pain complaints with multiple body parts. Physical findings included an antalgic gait favoring the left with tenderness to palpation of the cervical spine, acromioclavicular joint on the left side, and a lumbosacral spine. The injured worker's diagnoses included lumbosacral sprain/strain, cervical spine degenerative disc disease, thoracic spine sprain/strain, and left shoulder bursitis. The injured worker's treatment plan included acupuncture, an interferential unit, a cane, and electrodiagnostic studies. A Request for Authorization for an interferential unit was submitted on 04/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 month rental of Solace Multi Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, page(s) 118 Page(s): 118.

Decision rationale: The requested 5 month rental of a Solace Multi Stim Unit is not medically necessary or appropriate. The request as it is submitted does not specifically identify the multiple types of current stimulation being requested. The clinical documentation indicates that the treating provider is requesting an interferential unit. California Medical Treatment Utilization Schedule recommends interferential current stimulation as an adjunctive treatment to a therapeutic rehabilitation program when pain is ineffectively controlled by other types of conservative treatments to include medications and a TENs unit. Additionally, it is recommended that a 30 day home trial be attempted to establish efficacy of treatment prior to long term use of this type of treatment. The clinical documentation fails to provide any evidence that the patient has failed to respond to other types of treatments such as physical therapy, a TENs unit, or medications. Additionally, there is no documentation that the patient has had a successful 30 day home trial. As such, the requested 5 month rental of a Solace Multi Unit is not medically necessary or appropriate.

Leadwires: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, all ancillary requests are also not supported.

Electrodes for 5 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, all ancillary requests are also not supported.