

Case Number:	CM14-0167329		
Date Assigned:	10/14/2014	Date of Injury:	05/07/2014
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Preventive 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of May 7, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for an interferential unit with associated supplies. In its Utilization Review Report, the claims administrator stated that it was basing its decision on an RFA form of September 18, 2014 and September 11, 2014 progress note. These records, however, were not incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2014, the applicant did report ongoing issues of low back pain with associated spasms, 6-7/10. The applicant was apparently working as a security officer at the [REDACTED]. Tramadol, Flexeril, and physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 171.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence exist to determine the effectiveness of interferential therapy, the article at issue here. In this case, the attending provider did not seemingly furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the September 2014 RFA form and/or associated progress note in which the request in question was initiated was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

Electrodes x 8 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an interferential stimulator unit, but since that request was deemed not medically necessary, the derivative or companion request for electrodes is likewise not medically necessary.

Power Packs x 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: This is likewise a derivative or companion request, one which accompanies the primary request for an interferential stimulator device. Since that was deemed not medically necessary, the derivative or companion request for power packs is likewise not medically necessary.

Adhesive Remover Wipes x 32: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an interferential stimulator. Since that request was deemed not medically necessary, the derivative or companion request for adhesive remover wax is likewise not medically necessary.

Leadwire x 1 pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an interferential stimulator unit. Since that was deemed not medically necessary, the derivative or companion request for lead wires is likewise not medically necessary.