

Case Number:	CM14-0020417		
Date Assigned:	04/30/2014	Date of Injury:	02/18/2008
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Minnesota. 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 59 year old male who reported an injury on 02/18/2009. The mechanism of injury was not provided. Prior treatments include psychiatric treatments and medications. The documentation of 11/11/2013 revealed a request for a lumbar spine epidural injection. The documentation indicated the injured worker had trialed an interferential unit. There was no objective physical examination nor DWC Form RFA submitted for the requested interferential unit. The diagnosis was sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL ELECTRICAL STIMULATION UNIT (IF) FOR PURCHASE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to provide documentation of objective functional benefit that was received with the trial of

the unit. It failed to indicate the injured worker was using the interferential unit as an adjunct to other therapies. Given the above, and the lack of documentation to support the request, the request for interferential electrical stimulation unit for purchase is not medically necessary.