

Case Number:	CM14-0020623		
Date Assigned:	04/30/2014	Date of Injury:	02/24/2009
Decision Date:	07/08/2014	UR Denial Date:	02/14/2014
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, has a subspecialty in Interventional Spine 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:

This patient is a 45-year-old female with date of injury 02/24/2009. Per treating physician's report 01/24/2014, the patient presents with ongoing neck and bilateral upper extremity pains, difficulty pushing, pulling, or finding a comfortable position, has difficulty sleeping. The prescription was for MEDS-4-interferential stimulator with garment for 1-month rental, and MEDS stimulation 2 to 4 times a day for 15 to 30 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 INF STIMULATOR WITH GARMENT FOR ONE MONTH USE (RENTAL):

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 (ICS) Page(s): 118-120.

Decision rationale: This patient presents with chronic neck, bilateral shoulder, and low back pain. The patient has had bilateral shoulder surgeries in the past. The current request is for 1-month rental of MEDS-4-interferential electrical stimulator. MTUS Guidelines do not support

use of interferential units unless the criteria are met that include pain that is ineffectively controlled due to diminishing effect of this medication, or adverse side effects; history of substance use; significant pain for postoperative condition; unresponsive to conservative measures. It further states, "Jacket should not be certified until after 1-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In this request, the treating physician has asked for MEDS-4-interferential stimulator with garment for 1 month. MTUS Guidelines do not support use of garment until the patient has already tried 1 month and demonstrated inability to put on the pads. There is also no evidence that medications are not working as the patient is continued to be prescribed Advil and Norco 5 tablets a day. The request is not medically necessary.

MEDS STIM 2-4 TIMES A DAY FOR 15-30 MIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The request is for MEDS stimulator unit to be used 2 to 4 times a day. However, given that the rental of the garment and the stimulator is not indicated, use of MEDS stim 2 to 4 times a day is not indicated.