

Case Number:	CM14-0031244		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2013
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 52 year old male whose date of injury is 11/01/2013. The mechanism of injury is described as lifting. The injured worker complains of neck and back pain. Treatment to date includes physical therapy, acupuncture and medication management. The most recent records provided are handwritten and exceedingly difficult to interpret.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation, pages 118-120 Page(s): 118-120.

Decision rationale: Based on the clinical information provided, the request for durable medical equipment interferential unit is not recommended as medically necessary. It is unclear if the request is for purchase or rental of the unit. The submitted records fail to document failure of a trial of transcutaneous electrical nerve stimulation (TENS). There is no indication that the injured worker has undergone a successful trial of interferential stimulation. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals

provided, as required by the Chronic Pain Medical Treatment Guidelines. The request is therefore not medically necessary.