

Case Number:	CM14-0042170		
Date Assigned:	07/02/2014	Date of Injury:	07/18/2013
Decision Date:	12/31/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and myofascial pain syndrome reportedly associated with an industrial injury of July 18, 2013. In a Utilization Review Report dated March 20, 2014, the claims administrator failed to approve a request for an interferential stimulator with associated electrodes, lead wires, and batteries. The applicant's attorney subsequently appealed. In an earlier progress note dated October 23, 2014, the applicant was using Celebrex and Tylenol No. 3 for pain relief, it was incidentally noted. In a consultation dated February 10, 2014, the applicant reported 8-9/10 pain. The applicant had tried medications, physical therapy, ten sessions of acupuncture and TENS unit without significant relief, it was stated. An interferential unit was sought, along with lumbar medial branch blocks and Voltaren gel. The applicant was, however, returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator with electrodes, batteries, and the lead wires for the Low Back:
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 topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential stimulator should be predicated on evidence of favorable outcome during a one-month trial of the same, in terms of "increased functional improvement, less reported pain, and evidence of medication reduction." In this case, however, the attending provider seemingly sought authorization to purchase the device without evidence of a previously successful one-month trial of the article at issue. The request, thus, as written is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.