MAXIMUS Federal Services

Case Number:	CM14-0073679		
Date Assigned:	07/16/2014	Date of Injury:	12/21/2002
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on December 21, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, March 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated spasms and tenderness along the lumbar spine paraspinal muscles with decreased range of motion. There was decreased sensation at the left L5 dermatome. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications and a home exercise program a request had been made for the purchase of an inferential unit and 18 pairs of electrodes and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

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

Decision rationale: The California MTUS guidelines do not support Interferential Therapy as an isolated intervention and only after a one-month trial. The Guidelines will support a one-month trial in conjunction with physical therapy, an exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for the use of an inferential unit. As such, this request for the purchase of an inferential unit is not medically necessary.

Electrodes, #18 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

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

Decision rationale: As the accompanying request for the use of an inferential unit has been found to be not medically necessary. Therefore, the request for 18 pairs of electrodes is not medically necessary.