

Case Number:	CM14-0079207		
Date Assigned:	07/18/2014	Date of Injury:	02/20/2009
Decision Date:	10/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy; a cane; and epidural steroid injection therapy. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for an interferential unit. The Utilization Review Report and associated rationale were quite sparse and comprised largely of a one-sentence rationale. The applicant's attorney subsequently appealed. In a May 15, 2014 progress note, also difficult to follow, the applicant presented with chronic low back pain radiating to the bilateral lower extremities, 6/10. Permanent work restrictions imposed by a medical-legal evaluator were endorsed, along with lumbar support, Naprosyn, and several topical compounded creams. A variety of associated requests were made, including acupuncture and the interferential stimulator at issue. The interferential stimulator at issue was apparently previously sought on an April 21, 2014 progress note. On that occasion, the applicant again presented with low back pain radiating to the bilateral lower extremities. Topical compounds, Naprosyn, the interferential unit, manipulative therapy, and permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118.

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, request to purchase an interferential stimulator device should be preceded by a favorable outcome during an earlier one-month trial, in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization to purchase an interferential device without evidence of a favorable one-month trial of the same. Therefore, the request is not medically necessary.