

Case Number:	CM14-0083054		
Date Assigned:	07/21/2014	Date of Injury:	05/16/2006
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured worker is a 56-year-old individual was reportedly injured on May 16, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, straight leg raising positive. Motor function was 5/5. Diagnostic imaging studies were not reviewed. Previous treatment included lumbar fusion surgery, narcotic analgesic medications and multiple other medications. A request was made for interferential supplies and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit/supplies as needed, electrodes, batteries, adhesive remove wipes, lead wire, tech fee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy (IFT or IT) Page(s): 189.

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

Decision rationale: The progress notes, presented for review, indicate a lumbar fusion surgery has been completed. Furthermore, there is a specific notation that there is significant pain relief with the medications employed. What is missing is any data to suggest that this interferential unit has any efficacy, utility or success in improving the overall clinical situation. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule, and by the progress notes reviewed, there is no medical necessity established for the continued use of this device. Accordingly, the supplies for this device are to be discontinued. Therefore, this request is not medically necessary.