

Case Number:	CM14-0086544		
Date Assigned:	07/23/2014	Date of Injury:	02/21/2014
Decision Date:	10/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 neck, low back, shoulder, knee, and jaw pain reportedly associated with an industrial injury of February 21, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy. In Utilization Review Report dated May 9, 2014, the claims administrator denied a request for interferential stimulator with two months of supplies. The claims administrator based its denial on an April 29, 2014 request for authorization form. In that request for authorization form dated April 29, 2014, authorization was sought for a prime interferential unit. Heating and cooling pad were also sought. The applicant was given prescriptions for Naprosyn, Norco and Prilosec on an earlier form dated April 22, 2014. In a progress note of the same date April 29, 2014, the applicant was placed off of work, on total temporary disability owing to multifocal neck, mid back, low back, shoulder and rib pain complaints. Functional capacity testing, physical therapy and a psychiatric evaluation were sought, along with x-rays of the multiple body parts, an ultrasound of the abdomen, and MRI imaging of the cervical spine, thoracic spine, and lumbar spine. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Interferential Unit with 2 month supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of sympathetic therapy, noninvasive electrical stimulation modality also known as interferential therapy, the article at issue here. Similarly, the MTUS Guideline in ACOEM Chapter ACOEM page 173 also notes that there is no evidence to support the effectiveness or ineffectiveness of passive physical modalities such as TENS units. Thus, the interferential stimulation modality, a form of electrotherapy, carries a tepid-to-unfavorable recommendation in ACOEM. The attending provider's handwritten progress notes, which comprise almost entirely of preprinted checkboxes, contained nothing in the way of narrative rationale or medical evidence, which would off set tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.