

Case Number:	CM14-0092964		
Date Assigned:	07/25/2014	Date of Injury:	08/14/2012
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/19/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; muscle relaxants; various interventional spine procedures; and work restrictions. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for an interferential stimulator device, which the claims administrator interpreted as a four-modality OrthoStim4 device. The applicant's attorney subsequently appealed. In a handwritten note dated March 12, 2014, difficult to follow, not entirely legible, the applicant presented with multifocal pain complaints. The note was extremely difficult to follow, not entirely legible. The low back appeared to be the primary pain generator. The applicant was apparently returned to work at a rate of four hours a day. It was stated that the applicant had had recent drug screen positive for marijuana. Flexeril and Norco were nevertheless prescribed. It appears that a prescription for an interferential stimulator was also issued, although this was very difficult to ascertain as the progress note was not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and/or provision of associated supplies should be predicated on evidence of functional improvement with an earlier one-month trial of the same, with evidence of diminution in pain scores and evidence of medication reduction. In this case, however, there is no evidence that the applicant has in fact received a one-month trial of the device in question before the request to purchase the device in question was initiated. Again, the attending provider's progress notes were handwritten and extremely difficult to follow. No compelling rationale for the device in question was proffered. Therefore, the request is not medically necessary.