

Case Number:	CM13-0008331		
Date Assigned:	04/01/2015	Date of Injury:	06/13/2011
Decision Date:	05/01/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 53 year old male who sustained an industrial injury on 05/13/11. Initial complaints and diagnoses are not available. Treatments to date include physical therapy. Diagnostic studies include MRIs. Current complaints include headache, neck mid, upper and lower back pain. In a progress note dated 05/06/13, the treating provider reports the plan of care as an interferential unit and physical therapy. The requested treatment is an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Guidelines do not recommend interferential units as a primary or isolated intervention, but may be used as an adjunct to a functional restoration program if there is failure of medications. The written documents provided do not describe the medications and treatments

rendered to date including efficacy of treatments to date. Thus, the request for an interferential unit is not medically appropriate and necessary.