

Case Number:	CM13-0053717		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2013
Decision Date:	04/13/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of January 1, 2013. In a Utilization Review Report dated October 23, 2013, the claims administrator retrospectively failed to approve request for a one month rental for home multimodality transcutaneous electrotherapy device with associated supplies dispensed on May 13, 2013. The applicant's attorney subsequently appealed. The article in question was seemingly dispensed via an order form dated May 13, 2013, in which the attending provider seemingly suggested the device in question represented a multimodality transcutaneous electrotherapy device, which compromised of interferential stimulator, conventional TENS therapy, and neuromuscular stimulation. In an associated progress note of May 6, 2013, the applicant was described as off of work, on total temporary disability. The applicant was on Vicodin, Motrin, and Ambien. The applicant received physical therapy, manipulative therapy, it was incidentally noted. The applicant was again placed off of work, while MRI imaging of lumbar spine and electrodiagnostic testing were endorsed in conjunction with the transcutaneous electrical therapy device at issue, Lodine, Neurontin, Prilosec, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS4I PLUS DEVICE X 1 MONTH RENTAL: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300; 308.

Decision rationale: No, the RF-4 multimodality interferential stimulator device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of interferential therapy, one of the modalities in the device. Similarly, ACOEM Chapter 12, Table 12, 12-8, page 308, further notes that conventional TENS therapy, another modality in the device, is likewise "not recommended" in the evaluation and/or management of the applicant's low back pain complaints. Since multiple modalities in the device were not recommended, the device was not recommended. Therefore, the request was not medically necessary.

PURCHASE OF SUPPLIES (ELECTRODE 2ND ROUND X 8, CABLESET RS PLUS 4 CHNL PIN X 1): 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300; 308.

Decision rationale: Since the primary request for multimodality interferential stimulator-TENS-NMES device was deemed not medically necessary, the derivative or companion request for associated electrodes and cables was likewise not medically necessary.