

Case Number:	CM14-0171241		
Date Assigned:	12/09/2014	Date of Injury:	06/20/2014
Decision Date:	01/21/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 low back pain reportedly associated with an industrial injury of June 20, 2014. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for an interferential unit, citing an August 22, 2014 progress note. Despite the fact that this does not appear to be a chronic pain case, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. The claims administrator stated that the applicant had had various treatments over the claim, including physical therapy and acupuncture. The applicant's attorney subsequently appealed. The interferential unit at issue was sought via an August 22, 2014 RFA form and associated order forms. Preprinted checkboxes were employed. In an associated progress note dated August 20, 2014, the applicant reported ongoing complaints of neck pain, low back pain, and myofascial pain. Manipulative therapy, diathermy, an interferential unit, and hot and cold therapy unit were endorsed. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of sympathetic therapy, a non-invasive treatment involving electrical stimulation, also known as interferential therapy. In this case, the attending provider has not furnished any compelling applicant-specific rationale which would offset the tepid-to-unfavorable ACOEM position on the article at issue. ACOEM Chapter 12, page 300 further cautions against passive modalities as a whole, noting that passive and palliative interventions can provide relief in a short term but often generate treatment dependence without meaningful long-term benefit. In this case, the concomitant request for interferential therapy, a lumbar support, electrical muscle stimulation, diathermy, manipulative therapy, and a hot and cold unit, taken together, were at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.