

Case Number:	CM14-0182959		
Date Assigned:	11/07/2014	Date of Injury:	07/15/2013
Decision Date:	04/23/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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 30-year-old [REDACTED] beneficiary who has filed a claim for a chronic foot, ankle, and low back pain reportedly associated with an industrial injury of July 15, 2013. In a Utilization Review Report dated October 2, 2014, the claims administrator failed to approve a request for a one-month rental of an interferential stimulator device. A September 23, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 23, 2014, the applicant's primary treating provider (PTP), a chiropractor, noted that the applicant had ongoing complaints of knee, foot, and low back pain. The applicant was, however, returned to regular duty work. The applicant had no significant past medical history. In another section of the note, it was stated that the applicant was no longer working for and had been terminated by his former employer. An interferential stimulator device was endorsed on a trial basis. The requesting provider was a chiropractor (DC).

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit x 1 month rental, electrodes, batteries for 1 month supply for the left ankle and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit rental with associated supplies was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an interferential stimulator can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of drug abuse which would prevent provision of analgesic medications. In this case, however, none of the aforementioned scenarios was seemingly present here. The September 30, 2014 progress note on which the article in question was proposed contained no references to analgesic medication intolerance, analgesic medication failure, analgesic medication side effects, and/or a history of substance abuse, which would prevent provision of analgesic medications. Therefore, the request was not medically necessary.