

Case Number:	CM14-0186560		
Date Assigned:	11/14/2014	Date of Injury:	03/14/2013
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 low back pain reportedly associated with an industrial injury of March 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; lumbar MRI imaging of March 13, 2014, notable for a large 7-mm disk bulge at L5-S1 generating associated nerve root impingement; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator denied an interferential unit and associated supplies. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines (misabeled as originating from the MTUS) in its denial, it is incidentally noted. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported ongoing complaints of low back pain, 5/10, radiating to the right leg. The applicant was apparently using Norco, Neurontin, Zanaflex, and Naprosyn. The attending provider posited that the aforementioned medications were not ameliorating the applicant's pain complaints and were, in fact, producing symptoms of dizziness. Two epidural steroid injections were sought on the grounds that the applicant had failed physical therapy, manipulative therapy, and medications. A 30-day interferential unit trial and associated supplies were sought. The applicant was asked to continue Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month rental of AVID interferential unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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, a one-month trial of interferential stimulation is at least tepidly endorsed as "possibly appropriate" in applicants in whom pain is ineffectively controlled due to diminished medication efficacy and/or in applicants in whom pain is ineffectively controlled owing to medication side effects. Here, the requesting provider has posited that usage of various and sundry analgesic and adjuvant medications, including Norco, Neurontin, Zanaflex, Naprosyn, etc., have proven ineffectual and are, furthermore, generating side effects such as dizziness. A one-month trial of the interferential stimulator is, consequently, indicated. Therefore, the request is medically necessary.

Four (4) packs of electrodes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for one-month interferential current stimulator rental. Since that request is deemed medically necessary on the grounds that the applicant had failed analgesic medications, the derivative or companion request for associated electrodes is likewise indicated. Therefore, the request is medically necessary.

Twelve (12) power packs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an interferential current stimulator. Since that request was deemed medically necessary, the derivative or companion request for associated power packs is likewise medically necessary.

Sixteen (16) adhesive remover towels mint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for the interferential unit and associated electrodes. Since those requests were deemed medically necessary, the derivative or companion request for associated adhesive removers is likewise medically necessary.

One (1) lead wire: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an interferential current stimulator. Since that request was deemed medically necessary, the derivative or companion request for a lead wire is likewise medically necessary.

One (1) tech fee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 167

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, a 'jacket' should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another person. By implication, thus, the associated tech fee, presumably to instruct the applicant on how to use the device, is not indicated as there is no compelling evidence to support the proposition that the applicant is incapable of applying the device and/or pads of his own accord.