

Case Number:	CM14-0187197		
Date Assigned:	11/17/2014	Date of Injury:	11/05/2012
Decision Date:	01/05/2015	UR Denial Date:	11/03/2014
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 and neck pain reportedly associated with an industrial injury of November 5, 2012. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for an interferential unit, stating that the applicant was deriving appropriate analgesia with the analgesic medications. The claims administrator referenced a September 4, 2014 progress note in its denial. The claims administrator referenced progress notes of March 24, 2014, May 9, 2014, and June 16, 2014 in its UR report. Several of these notes, however, were not incorporated into the independent medical review packet. The applicant's attorney subsequently appealed. In a March 27, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was using an H-wave device as of this point in time. 7 to 8/10 pain was reported. Acupuncture was endorsed. The attending provider stated that the applicant usage of Ultram, Naprosyn, and Fexmid was collectively reducing the applicant's pain complaints from 7 to 8/10 without medications to 4/10 with medications. It was stated that these medications were improving the applicant's ability to perform activities of daily living. The applicant was placed off of work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Rental of an If2 Stimulator Unit (DOS 9/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Interferential Therapy

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

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of an interferential stimulator can be employed 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 substance abuse which would prevent provision of analgesic medications, in this case, however, there was no such history evident here. The applicant was described as using several analgesic medications, including Tramadol, Naprosyn, Flexeril, etc., to reportedly good effect on an earlier progress note of March 27, 2014, seemingly obviating the need for the interferential stimulator device at issue. While it is acknowledged that several progress notes seemingly made available to the claims administrator were not incorporated into the independent medical review packet, the information which is in the file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.