

Case Number:	CM14-0197084		
Date Assigned:	12/05/2014	Date of Injury:	08/08/2011
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 Injured worker filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2011. In a Utilization Review Report dated October 24, 2014, the claims administrator denied an interferential stimulator rental, denied associated electrodes, denied associated power packs, denied associated adhesive towel removers, and denied associated lead wires. The claims administrator stated that its decision was based on an order form of October 1, 2014 and an RFA form of October 9, 2014. The applicant's attorney subsequently appealed. The article in question, the interferential stimulator purchase, was sought via an order form of October 1, 2014. Preprinted checkboxes were employed. The stated diagnosis was low back pain. The attending provider seemingly concurrently sought authorization for one to two rental and subsequent purchase. Associated supplies were also sought. On October 5, 2014, the attending provider stated that the stimulator at issue represented an OrthoStim for brand name transcutaneous electrotherapy device. In a handwritten note dated August 12, 2014, the applicant was returned to regular duty work. The note was very difficult to follow. The applicant apparently had ongoing issues with shoulder pain. It was stated that the applicant was considering a shoulder arthroscopy. A pain management consultation was sought to consider lumbar facet blocks. The applicant's medication list was not incorporated into this particular progress note. There was no discussion of medication selection or medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Rental x1 Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 notes that interferential current stimulation 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 due 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, no such history was furnished. It was not clearly stated for what purposes the interferential stimulator was sought. The interferential stimulator device was apparently sought through an order form which employed preprinted checkboxes, with little to no narrative commentary. The usage of the interferential stimulator was not seemingly discussed or brought up in the handwritten August 4, 2014 progress note, referenced above. There was no mention of analgesic medication intolerance and/or analgesic medication failure on that date. Therefore, the request is not medically necessary.

Electrodes packs x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for electrodes is a derivative or companion request, one which accompanies the primary request for an interferential stimulator rental. Since that request was deemed not medically necessary, the derivative or companion request for electrodes is likewise not medically necessary.

Power packs x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This is another derivative or companion request, one which accompanies the primary request for an interferential stimulator. Since that request was deemed not medically

necessary, the derivative or companion request for power packs is likewise not medically necessary.

Adhesive remover towel mint x16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This is another derivative or companion request, one which accompanies the primary request for an interferential current stimulator. Since that request was deemed not medically necessary, the derivative or companion request for adhesive towel removers is likewise not medically necessary.

Lead wire/tech fit x1 each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This is another derivative or companion request, one which accompanies the primary request for an interferential current stimulator. Since that request was deemed not medically necessary, the derivative or companion request for a lead wire and associated technician fitting fee is likewise not medically necessary.