

Case Number:	CM15-0018656		
Date Assigned:	03/18/2015	Date of Injury:	09/15/1992
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 5, 1992. In a utilization review report dated January 23, 2015, the claims administrator denied a request for an interferential stimulator device apparently dispensed on November 19, 2014. The claims administrator referenced a December 31, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported persistent complaints of low back and leg pain. Ancillary complaints of paresthesias and sleep distraction were noted. The attending provider posited that the applicant had benefited from previously provided acupuncture and an interferential stimulator device. The applicant's medication list included Neurontin, Skelaxin, and Motrin. The applicant was severely obese, with a BMI of 38. Additional acupuncture was endorsed while the interferential stimulator was apparently dispensed. The applicant's work status was not detailed. The applicant did report difficulty with activities of daily living as basic as walking, twisting, and standing, it was acknowledged. The interferential stimulator and two months of associated supplies were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: IF unit with supplies (11/19/14): 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 (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential stimulator device with associated supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential stimulator device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the applicant's work status was not clearly detailed. However, it did not appear that the applicant was working as of the date of the request. The applicant was severely obese, with a BMI of 38, implying that the applicant remained largely immobile despite usage of the IF device. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Neurontin, Skelaxin, Motrin, etc. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, twisting, and bending. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite previous usage of the interferential stimulator device. Therefore, the request was not medically necessary.