

Case Number:	CM15-0133566		
Date Assigned:	07/21/2015	Date of Injury:	10/09/2014
Decision Date:	10/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 9, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for an interferential stimulator purchase with associated electrodes, lead wires, and batteries. The claims administrator referenced a progress note of May 14, 2015 and an associated RFA form of June 11, 2015 in its determination. The applicant's attorney subsequently appealed. On May 14, 2015, the applicant reported ongoing complaints of low back pain, 8 to 9/10. The applicant stated that a previously provided TENS unit was helping a little bit. A lumbar epidural steroid injection was sought. A 25-pound lifting limitation was imposed. It was suggested (but not clearly stated) that the applicant was working with said limitation in place. There was no mention made of the interferential stimulator device in question on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the proposed interferential stimulator device [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator should be furnished on a purchase basis only in those individuals who had undergone an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the May 14, 2015 progress note in question made no mention of the applicant's having employed the interferential stimulator device in question on a trial basis. A clear rationale for provision of the device in question on a purchase basis was not furnished. It appeared, thus, that the device in question had been sought on a purchase basis without having the applicant undergo a successful one-month trial of the same. Therefore, the request was not medically necessary.

Associated service: electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Since the primary request for an interferential stimulator device purchase was deemed not medically necessary, the derivative or companion request for associated electrodes was likewise not medically necessary.

Associated service: Lead wires: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for lead wires was likewise not medically necessary, medically appropriate, or indicated here. Since the primary request for an interferential stimulator device was deemed not medically necessary above, in question #1, the derivative or companion request for associated lead wires was likewise not indicated. Therefore, the request was not medically necessary.

Associated service: Batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Finally, the request for batteries was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one which accompanied the primary request for an interferential stimulator device. Since that was deemed not medically necessary above, in question #1, the derivative or companion request for associated batteries was likewise not indicated. Therefore, the request was not medically necessary.