

Case Number:	CM15-0163667		
Date Assigned:	08/31/2015	Date of Injury:	05/07/2015
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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 75-year-old who has filed a claim for low back and wrist pain reportedly associated with an industrial injury of May 7, 2015. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for an interferential stimulator device. An RFA form dated July 23, 2015 and an associated progress note of the same were referenced in the determination. The MTUS Chronic Pain Medical Treatment Guidelines were seemingly cited, despite the fact that this did not appear to be a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. On July 23, 2015, an interferential stimulator device was sought. In an associated progress note of the same date, the applicant reported ongoing complaints of low back pain radiating to the bilateral thighs, highly variable, 3 to 5/10. The applicant was not currently working, it was acknowledged. The applicant did have comorbidities including hypertension, it was reported. Topical Voltaren gel and a lumbar epidural steroid injection were seemingly sought. There was no seeming mention of the interferential stimulator device at issue in the body of the July 23, 2015 narrative report, although an order form of the same date did seemingly endorse the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: No, the proposed interferential stimulator unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive electrical stimulation modality also known as interferential therapy. Here, the attending provider's July 23, 2015 progress note failed to furnish much in the way of narrative support or narrative commentary for selection of this particular modality in the face of the unfavorable ACOEM position on the same. While the MTUS Guideline in ACOEM Chapter 12, page 300 qualifies its overall unfavorable position on interferential stimulation and/or other passive modalities by noting that they may have some value in the short-term if employed in conjunction with a program of functional restoration. Here, however, the applicant was off of work, it was acknowledged on July 23, 2015. It did not appear, thus, that the applicant was intent on employing the interferential stimulator device at issue in conjunction with a program of functional restoration. There was no mention of the applicant's having employed the device in question on a trial basis before a request to purchase the same was initiated. Therefore, the request was not medically necessary.