MAXIMUS Federal Services

Case Number:	CM15-0182678		
Date Assigned:	09/23/2015	Date of Injury:	07/23/2004
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 51 year old individual who sustained an industrial injury on 07-23-2004. Current diagnoses include status post fusion T3-T7. Report dated 08-11-2015 noted that the injured worker presented with complaints that included no change in the thoracic spine, and stiffness. Physical examination performed on 08-11-2015 revealed tenderness to palpation on the thoracic spine, trigger points, and decreased range of motion. Previous treatments included medications, surgery, and EMS. The treatment plan included continuing with medications, EMS, pending CT of thoracic spine, and pending trigger point injection. Of note, some of this report was hard to decipher. The utilization review dated 08-19-2015, non-certified the request for purchase of IF unit and supplies (6-12 months worth).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF unit and supplies, six to twelve months worth: 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: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Purchase of IF unit and supplies, six to twelve months worth is not medically necessary and appropriate.