

Case Number:	CM15-0190554		
Date Assigned:	10/02/2015	Date of Injury:	03/24/2008
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 64-year-old who has filed a claim for chronic neck, knee, and low back pain reportedly associated with an industrial injury of March 24, 2008. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for an interferential unit. The claims administrator referenced an August 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported multifocal complaints of neck, low back, and knee pain. The note comprised, in large part, preprinted checkboxes, without much in the way of supporting rationale or narrative commentary. The applicant was working, it was reported. 5 to 6/10 pain complaints were reported. Interferential stimulator device was seemingly sought on a purchase basis. There was no seeming mention of the applicant's having employed the device in question on a trial basis. Manipulative therapy was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: 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 request for an interferential unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of interferential stimulator on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of increased function improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider seemingly prescribed and/or dispensed the device in question on August 13, 2015 without seeming have the applicant first undergo a one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that that interferential stimulator device be employed on a trial basis only in applicants in whom pain is ineffectively controlled owing to medication side effects and/or applicants who have a history of substance abuse, which would prevent provision of analgesic medications. Here, however, the attending provider's August 13, 2015 progress note made no mention of the applicant is having any such history present. Therefore, the request was not medically necessary.