

Case Number:	CM15-0191998		
Date Assigned:	10/06/2015	Date of Injury:	11/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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 59-year-old who has filed a claim for chronic low back, elbow, and wrist pain reportedly associated with an industrial injury of February 26, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for a four-modality interferential stimulator device with provision of associated garment-three month rental. The claims administrator referenced an RFA form received on September 14, 2015 and an associated progress note dated August 31, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 31, 2015, a spine surgery consultation and the interferential stimulator device in question were endorsed. On an associated progress note August 31, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant was placed off of work, on total temporary disability. The inferential stimulator device in question with associated conductive garment was endorsed. Orthotics and a lumbar support were also sought. The applicant denied any history of illicit substance abuse. Medication selection and medication efficacy were not seemingly discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF (Interferential) unit with garment for the low back X 3 months rental: 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 with provision of associated conductive garment-three month rental-was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, one-month trial of interferential stimulator may be appropriate in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects and/or applicant who have a history of substance abuse, which should make provision of the analgesic medications unwise. Here, however, no such history was furnished on the August 31, 2015 office visit at issue. There was no mention of the applicant's having issues with intolerance to and/or failure of first-line oral pharmaceuticals. The applicant's medication list was not detailed or characterized on that date. The applicant denied any issues with illicit substance abuse on that date. The three-month rental of the interferential stimulator device, moreover, represented treatment in excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.