

Case Number:	CM15-0197501		
Date Assigned:	10/12/2015	Date of Injury:	11/04/2013
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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 29-year-old who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with an industrial injury of November 4, 2013. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for an interferential unit purchase. The claims administrator referenced a May 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said May 19, 2015 office visit, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of shoulder, mid back, low back, and neck pain with derivative complaints of anxiety and depression. CT imaging of cervical and thoracic spines were sought, in conjunction with chiropractic manipulative therapy and acupuncture. The applicant was placed off of work. Prilosec and Xanax were renewed. There was no explicit mention of the need for the interferential stimulator device. On an earlier note dated March 24, 2015, the applicant was again placed off of work, on total temporary disability, while Xanax was refilled for anxiolytic effect. Once again, there was no mention of the need for the interferential stimulator device in question. On July 14, 2015, Xanax, Prilosec, and Flexeril were endorsed while the applicant was again placed off of work, on total temporary disability, for an additional 8 weeks. Once again, there was no explicit mention of the need for the interferential stimulator device at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF 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] is not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential unit on a purchase basis should be predicted on evidence of a favorable outcome during an earlier 1-month trial of the same, with evidence of beneficial outcomes present in terms of “increased functional improvement, less reported pain, and evidence of medication reduction.” Here, however, the May 19, 2015 office visit made no mention of the need for the interferential stimulator device. There was no mention of the applicant's having previously employed the device in question on a trial basis. It appeared, thus, that the attending provider had furnished the device in question without first having the applicant undergo a successful 1-month trial of the same. Therefore, the request was not medically necessary.