

Case Number:	CM15-0204083		
Date Assigned:	10/20/2015	Date of Injury:	02/19/2014
Decision Date:	12/31/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 19, 2014. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for an interferential unit purchase with associated supplies. A July 29, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On an office visit of August 4, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation. The note was handwritten, difficult to follow, not entirely legible, and comprised, in large part, of preprinted checkboxes, without much in the way of supporting commentary. Vimovo was endorsed while Norco was discontinued, again seemingly without much supporting rationale. Overall commentary was sparse. There was no seeming mention of the interferential stimulator device in question on this date. The remainder of the file was surveyed. The bulk of the notes on file were, in fact, handwritten, thinly and sparsely developed and did not contain much seeming discussion of the interferential stimulator device request. On October 27, 2015, the applicant reported multifocal complaints of neck, low back, and bilateral shoulder pain. The applicant was using Naprosyn with reported relief, the treating provider suggested. The same, unchanged, 5-pound lifting limitation was imposed on this date. It was suggested (but not clearly stated), through preprinted checkboxes, that the applicant was, in fact, working. A September 22, 2015 office visit also suggested, throughout preprinted checkboxes, that the applicant was working with a 5-pound lifting limitation in place.

Manipulative therapy was sought. The applicant was using Naprosyn for pain relief, the treating provider suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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 an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain and evidence of medication reduction achieved as a result of the same. Here, however, little-to-no narrative commentary accompanied the request for authorization. The bulk of the attending provider's handwritten progress note did not allude to the need for the interferential stimulator device in question. There was no mention of the applicants having first undergone a successful one-month trial of the same before the device in question was prescribed and/or dispensed. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that provision of an interferential stimulator on a trial basis should be limited to those individuals 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 applicants who have a history of substance abuse which would prevent provision of analgesic medications. Here however, no such history was furnished. The applicant was apparently using Naprosyn, an anti-inflammatory medication, with good effect, the treating provider reported. The applicant had apparently returned to work, the treating provider reported, while using the same. The applicant's successful usage of Naprosyn, thus, effectively obviated the need for the interferential stimulator device in question, whether on a purchase or a rental basis. Therefore, the request was not medically necessary.

Monthly electrodes 6-12 months #4 packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for monthly electrodes for 6-12 months was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or

companion request, one which accompanied the primary request for an interferential stimulator device purchase. Since that request was deemed not medically necessary above, in question #1, the derivative or companion request for associated electrodes was likewise not indicated. Therefore, the request was not medically necessary.

Monthly batteries (Power packs) 6-12 months #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Finally, the request for monthly batteries was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one which accompanied the primary request for an interferential stimulator unit. Since that request was deemed not medically necessary, in question #1, the companion request for associated batteries was likewise not indicated. Therefore, the request was not medically necessary.