

Case Number:	CM15-0219428		
Date Assigned:	11/12/2015	Date of Injury:	10/04/1996
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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 neck and shoulder pain reportedly associated with an industrial injury of October 4, 1996. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for a multimodality stimulator device. An October 5, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a progress note dated April 16, 2015, the treating provider reported that the applicant was receiving Workers' Compensation indemnity benefits and disability insurance benefits. The applicant reported ongoing issues with neck and back pain. The applicant had comorbid diabetes, it was reported. The applicant was apparently using a cane to move about, the treating provider reported. On August 11, 2015, the applicant was given a Toradol injection. The applicant was using tramadol, trazodone, and melatonin, the treating provider reported. The applicant had undergone earlier shoulder surgery, the treating provider reported. On September 8, 2015, the applicant again reported ongoing issues with neck and back pain. The applicant was using tramadol and trazodone, the treating provider reported. The applicant was receiving disability Workers. Compensation indemnity benefits, the treating provider reported in one section of the note. Tramadol was renewed. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The most recent note in file was in fact dated September 8, 2015. Thus, the October 5, 2015 order form, which the claims administrator based its decision upon, was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS41 PLUS stimulator, Qty 1: 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 RS-4i interference stimulator device 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 interference stimulator device on a purchase basis should be predicated on evidence of favorable outcome during earlier 1-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the device in question appeared to have been prescribed and/or dispensed without the applicant having previously undergone a 1-month trial of the same. While it is acknowledged that the October 5, 2015 office visit in which the device in question was endorsed was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.