MAXIMUS Federal Services

Case Number:	CM15-0031240		
Date Assigned:	02/24/2015	Date of Injury:	09/19/2000
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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 66-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 19, 2000. In a utilization review report dated February 2, 2015, the claims administrator failed to approve a request for an interferential stimulator device with associated garment. The claims administrator referenced a January 19, 2015 progress note in its determination. The now-outdated, now-renumbered MTUS 9792.20(e) was also invoked. The applicant's attorney subsequently appealed. In a handwritten note dated January 9, 2015, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. The applicant was given refills of various medications, including tramadol, omeprazole, and oral diclofenac. The note was very difficult to follow and did not explicitly discuss introduction of an interferential stimulator. The interferential stimulator issue was endorsed via an RFA form dated January 21, 2015. Little to no narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Meds 4 interferential unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 120 of 127.

Decision rationale: No, the interferential stimulator device with associated garment 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 and associated conductor garment on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, in terms of increased functional improvement, reduced pain, and reduction in medication consumption. Here, however, the attending provider seemingly sought authorization to purchase the device without having the applicant undergo a one-month trial of the same. The request, thus, as written, was/is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.