

Case Number:	CM15-0036580		
Date Assigned:	03/05/2015	Date of Injury:	02/21/2014
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 21, 2014. In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve an interferential stimulator device and associated supplies. Office visits of January 21, 2015 and December 2, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that most recent progress note provided was in fact dated November 12, 2014. On November 12, 2014, the applicant reported persistent complains of low back pain. A 10-pound lifting limitation was endorsed. The attending provider acknowledged that the applicant was not working owing to the imposition of the rather proscriptive 10-pound lifting limitation. Chiropractic manipulative therapy and a pain management consultation were endorsed. The remainder of the file was surveyed. There was no mention of the applicant's having previously received and/or employed the interferential stimulator device at issue; again, the January 1, 2015, RFA form and associated progress notes, which the claims administrator based its decision upon were not seemingly incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit x 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the proposed interferential stimulator device 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, interferential stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to the diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medications side effects, or applicants who have a history of substance abuse, which would prevent provision of the analgesic medications. Here, however, there was no mention made of the applicant's having issues with analgesic medication intolerance, analgesic medication failure, analgesic medication inefficacy, and/or the applicant's having a history of substance abuse, which would prevent provision of analgesic medications. Again, however, the January 21, 2015 RFA form and associated progress notes on which the request was initiated were not, however, incorporated into the independent medical review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Electrodes 2" round x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

9 Volt battery pack x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.