

Case Number:	CM15-0039449		
Date Assigned:	03/09/2015	Date of Injury:	09/09/2004
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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 45-year-old [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of September 9, 2004. In a Utilization Review Report dated February 4, 2015, the claims administrator denied a request for an interferential stimulator device rental extension. A progress note of January 12, 2015 and an associated RFA form of January 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 7, 2014, the applicant was placed off work, on total temporary disability, for an additional four weeks. The applicant was asked to pursue visco supplementation injections owing to ongoing complaints of knee pain. Ancillary issues of ankle pain were also evident at that point. On November 14, 2014, the attending provider acknowledged that the applicant had "retired" from employment at age 45. Ongoing complaints of knee pain were reported on that date. No other, more recent notes were available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental extension of an interferential unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: No, the request for an extension of an interferential stimulator device was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential stimulator device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, little-to-no information accompanied the IMR application. The applicant's response to previous usage of the device was not clearly outlined. However, the fact that the applicant remained off of work, at age 45, despite ongoing usage of interferential stimulator device, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the same, as did the fact that the attending provider renewed permanent work restrictions, unchanged, from visit to visit. Therefore, the request was not medically necessary.