

Case Number:	CM15-0044254		
Date Assigned:	03/16/2015	Date of Injury:	01/09/2011
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 9, 2011. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for multimodality interferential stimulator device. Progress notes of January 12, 2015 and January 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated March 2012, it was acknowledged that the applicant was no longer working and had been off of work for several years. In a Doctor's First Report (DFR) dated January 12, 2015, difficult to follow, and not entirely legible, the applicant apparently transferred care to a new primary treating provider, reporting multifocal complaints of neck, elbow, shoulder, and mid back pain. The applicant was unable to return to his usual and customary work, it was acknowledged. Multiple medications were endorsed, including Flexeril, Naprosyn, and Omeprazole. A home traction device, trigger point injections, and the multimodality device in question were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS4 unit and Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical Stimulation; Interferential Current Stimulation Page(s): 121, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Page(s): 120; 121. Decision based on Non-MTUS Citation artrehab.com.

Decision rationale: No, the request for a Meds-4 interferential unit was not medically necessary, medically appropriate, or indicated here. Per the product description, the Meds-4 device includes a variety of transcutaneous electrotherapy modalities including neuromuscular electrical stimulation and interferential current stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post-stroke rehabilitative context. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that neuromuscular electrical stimulation, one of the modalities in the device, is not recommended in the chronic pain context present here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential stimulation can be employed on a one month trial basis in applicants 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, in this case, however, there was no mention that the applicant was having any issues with analgesic medication intolerance, analgesic medication failure, analgesic medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications. Since both the NMES and interferential stimulation modalities in the device are not recommended, the request was not medically necessary.