

Case Number:	CM15-0048480		
Date Assigned:	03/20/2015	Date of Injury:	11/10/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 42-year-old who has filed a claim for neck, mid back, and low back pain reportedly associated with an industrial injury of November 10, 2014. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve a request for a three-month rental of an interferential stimulator with associated garment. The claims administrator referenced a January 26, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported ongoing complaints of neck, mid back and low back pain. Motrin, Tylenol No. 3, and Flexeril were endorsed, along with a 20-pound lifting limitation. It was suggested that the applicant's employer was unable to accommodate these limitations, however. Addition physical therapy and a lumbar support were endorsed, along with a multi-stimulator device.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months rental of Meds-4 interferential unit with garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for a three-month rental of an interferential stimulator device with associated garment was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of an interferential stimulator may be appropriate in applicants in whom pain is ineffectively controlled due to analgesic medication inefficacy, side effects with analgesic medications, and/or history of substance abuse to prevent provision of analgesic medications, in this case, however, the January 26, 2015 progress note in question contained no references to analgesic medication intolerance, analgesic medication failure, and/or issues with substance abuse that would prevent provision of analgesic medications. The attending provider seemingly stated that the applicant was making "progress" with therapy with medications, including Motrin, Tylenol No. 3, and Flexeril, seemingly obviating the need for the interferential stimulator device in question. Therefore, the request was not medically necessary.