

Case Number:	CM15-0052027		
Date Assigned:	03/25/2015	Date of Injury:	07/18/2005
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 50-year-old who has filed a claim for chronic hip, neck, and low back pain reportedly associated with an industrial injury of July 18, 2005. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for an interferential unit. Progress notes of November 19, 2014 and February 18, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 18, 2015, the applicant reported multifocal complaints of shoulder, back, hip, thigh, and leg pain. Hip corticosteroid injection therapy was proposed, along with an MR arthrography of the hip. An interferential unit was endorsed while naproxen, Flexeril, Ultracet, Prilosec, and several topical compounded medications were endorsed. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; Interferential Unit Purchase: 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): 120.

Decision rationale: No, the request for an interferential unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential stimulator should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same. Here, however, the attending provider sought authorization for the device on a purchase basis on February 18, 2015, without having the applicant first undergo a one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that interferential stimulation should be employed on a trial basis only in those 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 with analgesic medications. Here, however, there was no mention of the applicant's having any issues of analgesic medication intolerance on or around the date of the request, February 18, 2015. On that date, naproxen, Flexeril, and Ultracet were renewed. Usage of an interferential stimulator, thus, was not indicated in the clinical context present here, either on a rental or purchase basis. Therefore, the request was not medically necessary.