

Case Number:	CM15-0058479		
Date Assigned:	04/17/2015	Date of Injury:	07/23/2014
Decision Date:	05/27/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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 29-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial injury of July 23, 2014. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for an interferential unit. The claims administrator referenced a January 15, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported 4-8/10 neck, mid back, and low back pain. MRI imaging of the neck and low back were sought, along with an interferential stimulator device. Work restrictions were endorsed. The treating provider suggested that the applicant's employer was unable to accommodate said limitations, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

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, an interferential current stimulator should be pursued on a purchase basis only in those applicants in whom an earlier one-month trial has generated increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider seemingly sought authorization to purchase the device without having the applicant firstly undergo a successful one-month trial of the same. It is further noted that the applicant seemingly failed to meet criteria set forth on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines for a trial of an interferential current stimulator, which include evidence of analgesic medications intolerance, diminished efficacy of analgesic medications, and/or history of substance abuse which would prevent provision of analgesic medications. Here, there was no mention of the applicant's having tried and/or failed first-line oral pharmaceuticals before the interferential stimulator in question was proposed. Therefore, the request was not medically necessary.