

Case Number:	CM14-0127644		
Date Assigned:	08/15/2014	Date of Injury:	01/13/2014
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in . 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 low back, knee, and neck pain reportedly associated with an industrial injury of June 30, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 12 sessions of physical therapy, 12 sessions of manipulative therapy, and six sessions of acupuncture, per the claims administrator; functional capacity testing; and an earlier knee surgery. The claims administrator noted that the earlier knee surgery may have transpired through a separate Workers' Compensation Claim. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for an interferential current stimulator unit. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the request at hand. The applicant's attorney subsequently appealed. On July 30, 2014, the attending provider stated that the applicant no showed for an appointment. On January 13, 2014, the applicant presented reporting multifocal neck and shoulder complaints. The applicant was placed off of work, on total temporary disability. On April 2, 2014, the applicant reported multifocal, neck, mid back, and low back pain. It was stated that the applicant was working with restrictions. The applicant was using naproxen and Norflex for pain relief. The applicant was asked to continue current medications, home exercises, and obtain additional chiropractic manipulative therapy. It appears that the electrical stimulator device at issue was sought via a progress note dated April 2, 2014. The applicant reported 4-5/10 multifocal pain complaints at that point in time. The same 30-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Current Stimulation (ICS) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation (ICS)

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

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulators are tepidly endorsed on one-month trial basis in applicants who report that pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, and/or applicants with a history of substance abuse which would prevent provision of analgesic medications, in this case, however, it does not appear that any of the aforementioned issues are present. There is no mention of issues with substance abuse, analgesic intolerance, analgesic failure, and/or analgesic medication side effects that would make a case for provision of the interferential current unit on a trial basis. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that purchase of an interferential stimulator should be contingent on evidence of a favorable outcome following an earlier one-month trial of the same, in applicants who demonstrate functional improvement during the trial. In this case, however, it appears that the request for purchase of the interferential current stimulator device was made without evidence of a previously successful one-month trial. This was not indicated. Therefore, the request is not medically necessary.