MAXIMUS Federal Services

Case Number:	CM14-0147624		
Date Assigned:	09/15/2014	Date of Injury:	08/20/2005
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48 year old male was reportedly injured on August 20, 2005. The mechanism of injury is noted as being trapped between a forklift and a metal rail, resulting in extensive injury to the pelvis and low back. The most recent progress note, dated August 25, 2014 is handwritten and largely illegible, with diagnoses of gastroesophageal reflux disease (GERD) and analgesic induced constipation. There is a progress note from August 11, 2014 that indicates there are ongoing complaints of bilateral hand pain. Previous progress notes report ongoing low back, left hip and leg pain. The physical examination demonstrated an individual requiring use of the cane for ambulation, positive Tinel's sign to bilateral wrist, and no soft tissue swelling. Diagnostic imaging studies include an MRI of the lumbar spine from October 2013, which showed disc desiccation with moderate disk narrowing and endplate changes at L4 to L5, with normal neural foramina and thecal sac. There is also partial disc desiccation with a 2 millimeter posterior central disc protrusion at L5 to S1, with normal thecal sac and neural foramina. A threaded screw is also seen traversing the left sacroiliac joint, with partial fusion of the left sacroiliac joint. An Xray of the right wrist from May 2014 is also included for review, which showed small subchondral cystic changes along the proximal aspect of the lunate bone, but is otherwise unremarkable. Previous treatment includes sacroiliac (SI) injections, hip surgery, epidural steroid injections, and medications. Request have been made for an interferential stimulator unit (ortho stem 4 unit) for one month, eight electrode pads, a power pack (quantity 24), adhesive remover towel (mint, quantity 32), and for TT and SS leadwire, and were not certified in the preauthorization process on September 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit (ortho stim 4 unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous Electrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 118-120 of 127. Page(s): 118-120.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not support Interferential therapy as an isolated intervention. The Guidelines will support a one month trial in conjunction with physical therapy, and exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an interferential unit (IF) unit one month trial. As such, this request for the use of an inferential stimulator unit is not medically necessary.

(8) Electrode Pads: 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 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: As outlined by the California Medical Treatment Utilization Schedule (MTUS) guidelines, the request for an interferential stimulator unit is not medically necessary, therefore, the request for eight electrode pads is also considered not medically necessary.

Power pack quantity: 24.00: 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 : 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: As outlined by the California Medical Treatment Utilization Schedule (MTUS) guidelines, the request for an interferential stimulator unit is not medically necessary, therefore, the request for a power pack (quantity twenty four) is also considered not medically necessary.

Adhesive Remover Towel Mint quantity: 32.00: 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 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: As outlined by the California Medical Treatment Utilization Schedule (MTUS) guidelines, the request for an interferential stimulator unit is not medically necessary, therefore, the request for adhesive remover towels (mint, quantity thirty two) is also considered not medically necessary.

TT and SS leadwire: 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 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: As outlined by the California Medical Treatment Utilization Schedule (MTUS) guidelines, the request for an interferential stimulator unit is not medically necessary, therefore, the request for TT and SS leadwire is also considered not medically necessary.