

Case Number:	CM14-0098978		
Date Assigned:	07/28/2014	Date of Injury:	02/17/2014
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 gentleman was reportedly injured on February 17, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of back pain with numbness in the left leg. The physical examination demonstrated decreased range of motion of the lumbar spine and a positive straight leg raise test, decreased sensation at the lateral aspect of the left leg. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included acupuncture. A request was made for the use of an Interspec inferential unit with monthly supplies and was not certified in the preauthorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF (Interferential) II, Monthly Supplies: 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 Page(s): 118-120.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, an inferential current stimulator unit is indicated only if pain is shown to be ineffectively controlled

by oral medications and if it is unresponsive to other conservative treatment measures. Additionally, after meeting these criteria a one month trial is required prior to the purchase of an inferential stimulator unit. The medical record provides insufficient clinical data to support this request, as there is no evidence that the injured employee's pain is ineffectively controlled by medications. Additionally, a positive response has been shown from prior acupuncture treatments. Furthermore, there is no documentation that a trial of an inferential unit has occurred. Therefore, this request for an Interspec Inferential (IF) unit with monthly supplies is not medically necessary.