

Case Number:	CM15-0016218		
Date Assigned:	02/04/2015	Date of Injury:	06/07/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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, Ohio, 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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 7, 2011. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for a two-month rental for an interferential stimulator device. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant was using one to two tablets of tramadol daily. Ongoing complaints of low back and knee pain were evident. Ancillary complaints of hearing loss and tinnitus were also reported. A custom knee brace was replaced. The applicant's work status was not furnished. The attending provider contented that ongoing usage of Norco was beneficial here. In an earlier note dated November 24, 2014, an interferential-TENS device was proposed for home use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) month rental of IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C..

Decision rationale: 1. No, the request for a two-month rental for an interferential unit was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulator devices can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, history of medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications. Here, however, the attending provider's request for an interferential unit rental was at odds with his concomitant reports of appropriate analgesia affected as a result of ongoing Norco usage. It is further noted that the two-month rental of the interferential stimulator device at issue represents treatment in excess of the one-month recommended trial period espoused on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. The request, thus, as written, is at odds with page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.