MAXIMUS Federal Services

Case Number:	CM15-0124564		
Date Assigned:	07/09/2015	Date of Injury:	03/06/2014
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 58-year-old man sustained an industrial injury on 3/6/2014 after falling three feet off of a ladder. Diagnoses include neck sprain/strain, lumbar sprain/strain, unspecified back disorder, and anxiety. Treatment has included oral medications and chiropractic care. Physician notes on a doctor's first report of occupational illness or injury form dated 6/4/2015 show complaints of low back, leg, and neck pain rated 8/10. Recommendations include Tylenol with Codeine, Diazepam, interferential unit for home use, hot/cold unit, urine drug screen, and two topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) home interferential (IF) unit and batteries: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Durable medical equipment (DME), home interferential (IF) unit, and batteries is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The MTUS states that an interferential unit can be recommended when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is a history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or that the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function, and decreased pain. The documentation does not support that the patient meets the criteria for an interferential unit. The request for an interferential unit is not medically necessary.