

Case Number:	CM15-0174322		
Date Assigned:	09/16/2015	Date of Injury:	12/31/2001
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/04/2015

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, New York, 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 71-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 31, 2001. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for home interferential unit. The claims administrator referenced an RFA form received on August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of low back, hip, shoulder, wrist, hand, and groin pain. The applicant was status post earlier multilevel lumbar spine surgery, it was reported. On an associated RFA form dated August 6, 2015, aquatic therapy and home interferential unit were sought. Little-to-no narrative commentary accompanied the request. It was acknowledged that the applicant was retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a home interferential unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider seemingly prescribed and/or dispensed the interferential stimulator device on August 3, 2015 without having the applicant first to undergo the one-month trial of the same. Therefore, the request was not medically necessary.