MAXIMUS Federal Services

Case Number:	CM15-0179696		
Date Assigned:	09/21/2015	Date of Injury:	12/21/2012
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 65 year old male who sustained an industrial injury on 12-21-12. Of note, several documents within the submitted medical records are difficult to decipher. The injured workers subjective complaints in the August 2015 PR2 were illegible. A review of the medical records indicates that the injured worker is undergoing treatments for cervical sprain and sprain, lumbar sprain and strain and wrist sprain and strain. Medical records dated August of 2015 were difficult to decipher if a pain rating was noted by the provider. Provider documentation dated August of 2015 noted the work status which was difficult to decipher. Treatment has included epidural injections, status post lumbar fusion (4-1-01) and status post left shoulder arthroscopy. Objective findings dated August of 2015 were illegible. The original utilization review (9-2-15) denied a request for interferential unit for one month rental, Associated service: electrodes x 2 packs, Associated service: Batteries x 2, and Associated service: set-up and delivery.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit for one month rental: 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: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate 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. Documentation provided for review fails to demonstrate that the injured worker is physically limited from performing exercise programs/physical therapy treatment and there is no evidence of prescribed concurrent home exercise program. With MTUS criteria not being met, the medical necessity for an interferential unit has not been established. The request for IF unit for one month rental is not medically necessary, per guidelines.

Associated service: electrodes x 2 packs: 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: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate 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. Being that the request for IF unit has not been deemed medically necessary, the recommendation for electrodes is no longer indicated. The request for IF unit for associated service: electrodes x 2 packs is not medically necessary, per guidelines.

Associated service: Batteries x 2: 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: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate 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. Being that the request for IF unit has not been deemed medically necessary, the recommendation for batteries is no longer indicated. The request for IF unit for associated service: Batteries x 2 is not medically necessary, per guidelines.

Associated service: set-up and delivery: 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: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate 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. Being that the request for IF unit has not been deemed medically necessary, the recommendation for set-up and delivery is no longer indicated. The request for IF unit for associated service: set- up and delivery is not medically necessary, per guidelines.