

Case Number:	CM15-0037357		
Date Assigned:	03/03/2015	Date of Injury:	05/27/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained an industrial injury on 05/27/2014. Diagnoses include mild right middle finger pulp dysesthesias with history of open tuft fracture, lumbar sprain and strain with disc protrusion and bilateral knee sprain and strain, and abdominal right inguinal hernia. Treatment to date has included medications, and physical therapy to the lumbar spine and bilateral knees. A physician progress note dated 01/21/2015 documents the injured worker has increased pain to the bilateral knees, right greater than left. He has continued pain to the lumbosacral area with limited range of motion. There is positive tenderness and spasms to the lumbosacral spine with limited range of motion, and tenderness with limited range of motion to the bilateral knees. Treatment requested is for Batteries x 10 packs purchase, Electrodes x 10 packs purchase, and IF unit for the lumbar spine rental x 1 month. On 2/11/2015 Utilization Review non-certified the request for IF unit for the lumbar spine rental x 1 month, Batteries x 10 packs purchase, Electrodes x 10 packs purchase and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit for the lumbar spine rental x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Current Stimulator.

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

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore, this request is not medically necessary.

Electrodes x 10 packs purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Since interferential stimulation is not necessary, it follows that related electrodes are not necessary. Therefore, this request is not medically necessary.

Batteries x 10 packs purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Since interferential stimulation is

not necessary, it follows that related batteries are not necessary. Therefore, this request is not medically necessary.