

Case Number:	CM15-0067935		
Date Assigned:	04/15/2015	Date of Injury:	12/20/2013
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/09/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for an interferential unit [purchase]. The claims administrator referenced an RFA form received on March 5, 2015 and an associated progress note of March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported 4-7/10 low back and shoulder pain. The applicant claimed that an interferential unit stimulator had apparently been beneficial. It was suggested (but not clearly stated) that the applicant had employed an interferential stimulator while in physical therapy. MRI imaging and a home interferential unit were proposed. The applicant was returned to regular duty work at the bottom of the report. The attending provider stated that the applicant's pain scores were 4/10 with medications versus 7/10 without medications. In a handwritten prescription dated February 4, 2015, the applicant was issued prescriptions for Celebrex, tramadol, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

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

Decision rationale: No, the request for an 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, an interferential current stimulator can be purchased in applicants in whom there has been evidence of increased functional improvement, less reported pain, and evidence of medication reduction following an earlier one-month trial of the same. Here, however, it did not appear that the applicant had in fact received and/or undergone a one-month trial of the interferential stimulator as of the date of the request, March 4, 2015. Rather, the attending provider reported on that date that the applicant had previously used an interferential stimulator while attending physical therapy. It did not appear, thus, that the applicant had undergone a one-month trial of the interferential stimulator device before the attending provider sought the purchase of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an interferential stimulator should only be employed on a trial basis in those applicants in whom there has been evidence of analgesic medication failure, analgesic medication intolerance, analgesic medication side effects, and/or history of substance abuse, which would prevent provision of analgesic medications. The applicant reported, however, on March 4, 2015 that her pain scores were reduced to 4/10 with medications as opposed to 7/10 without medications. The applicant had already returned to regular work, it was suggested on that date. The applicant did not, in short, meet criteria set forth on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of interferential stimulator device, either on a purchase basis or on a rental basis. Therefore, the request was not medically necessary.