

Case Number:	CM15-0092137		
Date Assigned:	05/18/2015	Date of Injury:	07/07/2014
Decision Date:	06/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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 and neck pain reportedly associated with cumulative trauma at work first claimed on July 7, 2014. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve request for an interferential unit with associated garment for the lumbar spine-three-month rental. The claims administrator referenced a February 17, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported ongoing complaints of low back and buttock pain. The applicant was on Mobic and Soma. The applicant was severely obese, standing 5 feet 1 inch tall and weighing 180 pounds. Normal lower extremity motor function was appreciated with tenderness and guarding about the lumbar paraspinal musculature. A 20-pound lifting limitation was endorsed. The attending provider suggested that the applicant was not working with said limitation in place. Acupuncture, the interferential stimulator unit in question, Voltaren, tramadol, Flexeril, and Protonix were all proposed. MRI imaging of the lumbar spine was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Interferential unit with garment for 3 month rental, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

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

Decision rationale: No, the proposed MEDS-4 interferential unit with associated garment-three-month rental was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulation is recommended on a one-month trial basis in applicants in whom pain is ineffectively tolerated due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or in applicants who have a history of substance abuse which would prevent provision of analgesic medications, here, however, no such history was furnished here. The applicant was described as using a variety of first-line oral pharmaceuticals, including Voltaren, Ultram, Flexeril, Motrin, and Soma as of the February 17, 2015 progress note in question. There was no mention of intolerance to and/or failure of multiple first-line oral pharmaceuticals. There was no mention of side effects with first-line oral analgesics. There was no mention of the applicant's having history of substance abuse. The three-month rental of the interferential stimulator device, furthermore, represents treatment in excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a jacket or garment should not be approved until after a one-month trial and only with evidence that an applicant cannot apply stimulation pads without the jacket or garment. The request, thus, as written, was at odds with several MTUS principles and parameters. Therefore, the request was not medically necessary.