MAXIMUS Federal Services

Case Number:	CM14-0142883		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2011
Decision Date:	10/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 02/20/2011. The date of the original utilization review under appeal is 07/30/2014. The patient's treating diagnoses include cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome.The treating physician submitted a handwritten PR-2 report on 07/23/2014. That form is only partially legible though appears to suggest that the unit the patient is utilizing is a multi-stimulating unit containing neuromuscular stimulation as well as interferential stimulation and that patient reported functional benefit from that. That form also notes that the patient was denied prescription medication and was using Chinese herbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss Sonata. The Official Disability Guidelines/Treatment in Workers' Compensation/Pain discusses insomnia treatment and recommends non-benzodiazepine hypnotic agents as a first-line agent for insomnia. That guideline does not recommend insomnia treatment pharmacologically on a long-term basis without clear documentation of the rationale for such treatment and nature of the underlying insomnia. These criteria have not been met. This request is not medically necessary.

Interferential stimulator unit - convert from rental to purchase - with continuation of necessary supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Interferential Stimulation, page 118-120, discusses very specific situations when interferential stimulation can be used such as pain ineffectively controlled due to diminished effectiveness of medications. The medical records at this time indicate a request to convert from a rental to a purchase. However, there is very limited documentation of either the subjective benefit or especially objective function improvement for interferential stimulation. For this reason, the request is not medically necessary. Additionally, the treatment guideline discusses the use, not of an interferential unit alone, but rather of a multi-modality stimulating unit including neuromuscular electrical stimulation. The Medical Treatment Utilization Schedule does not recommend multi-modality units. In particular, regarding neuromuscular electrical stimulation, the guidelines on page 121 state that neuromuscular electrical stimulation is not recommended for use in chronic pain. For this additional reason, the guidelines have not been met. This request is not medically necessary.