

Case Number:	CM14-0023810		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2001
Decision Date:	08/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of July 5, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, earlier lumbar spine surgery, unspecified amounts of physical therapy, earlier knee surgery, psychological counseling, and a TENS unit. In a July 3, 2003, medical-legal evaluation, the medical-legal evaluator suggested that the applicant was a qualified injured worker and was unable to return to his usual and customary occupation. In a progress note dated May 20, 2014, the applicant presented with moderate-to-severe low back and left knee pain. The applicant was given prescriptions for Norco and Prilosec. The treating provider suggested that these medications were efficacious. TENS unit supplies were also furnished. In a progress note dated February 25, 2014 authorization was sought for various medications, including Norco, an interferential unit, and six months of associated supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTERFERENTIAL STIMULATOR UNIT PURCHASE WITH 6 MONTHS OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While page 121 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of an interferential stimulator device in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, applicants with a history of substance abuse that would prevent provision of analgesic medications, and/or significant postoperative pain which would limit the ability to participate in significant postoperative pain which would limit the ability to participate in physical therapy, none of the aforementioned criteria were met for this patient. The applicant is reportedly using and tolerating first-line oral Norco with reportedly good effect, effectively obviating the need for the interferential stimulator unit in question. It is further noted that the applicant also appears to be using and tolerating a conventional TENS unit, again obviating the need for the interferential stimulator device. Finally, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a one-month successful trial of an interferential stimulator device be obtained before authorization is sought to purchase the device in question. In this case, however, the attending provider sought authorization to purchase the device without a previously successful one-month trial of the same. Therefore, the request is not medically necessary.