

Case Number:	CM13-0001971		
Date Assigned:	02/05/2014	Date of Injury:	04/06/2011
Decision Date:	04/22/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/18/2013

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 Hawaii. 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:

This patient is a 54-year-old female with a date of injury of 4/6/2011. Medical documentation indicates that the patient is undergoing treatment for right low back pain, lower extremity pain, wrist pain, right shoulder pain, lumbar strain/sprain, degenerative lumbar disc disease, and chronic pain syndrome. Subjective complaints (6/20/2013) include "8/10 pain", "worsening of pain without meds", and "continued pain in low back radiating into b/l feet with numbness". Objective findings (6/20/2013) include "diffuse tenderness, hypertonicity P/S". Treatment has included physical therapy (unknown number of sessions), chiropractic treatment (unknown number of sessions), tramadol, and pamalor.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF ART STIM, INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Page(s): 54, 114-120.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation,

also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." The MTUS Chronic Pain Guidelines further state regarding interferential stimulation, "Not recommended as an isolated intervention." The MTUS Chronic Pain Guidelines indicate interferential stimulation is recommended when, "- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)...If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." While the medical documents do indicate that the patient's pain is ineffectively controlled (9-10/10 on pain scale throughout 2012-2013), the treating physician does not specifically attribute the uncontrolled pain due to "diminished effectiveness of medications" or poor control of pain with medications. The treating physician even notes that the patient has "worsening of pain without meds", which would indicate some level of pain control with the current medication. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate ongoing physical therapy and/or chiropractic treatment (unknown number of sessions); however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request is not medically necessary and appropriate.