

Case Number:	CM13-0019717		
Date Assigned:	10/11/2013	Date of Injury:	03/29/2013
Decision Date:	02/06/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 physician 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 patient is a 46-year-old female who reported an injury on 03/29/2013. The patient is diagnosed with a lumbar sprain and strain, right shoulder strain, right cubital tunnel syndrome, right carpal tunnel syndrome, and bilateral wrist tendonitis. The patient was seen by [REDACTED] on 08/16/2013. Physical examination revealed tenderness to palpation and decreased range of motion of the lumbar spine, negative straight leg raising, positive Kemp's testing, tenderness to palpation of bilateral wrists, positive Tinel's and Phalen's testing, and tenderness to palpation of bilateral elbows with positive Tinel's and Cozen's testing. Treatment recommendations included continuation of home exercise, bilateral wrist braces and elbow pads, a urine drug screening, and a neurological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit x 2 months rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121..

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

Electrodes Pack # 8 packs (2 months supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

Power pack #24 (2 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Power pack #24 (2 month supply).

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished

effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

Adhesive remover towel mint #32 (2 months supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

Shipping and handling x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional

improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

TT and SS Leadwire x1 (2 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

Tech Fee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the clinical notes submitted, there is no indication that this patient has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1 month trial should be initiated, and evidence of resulting pain and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.

