MAXIMUS Federal Services

Case Number:	CM13-0027758		
Date Assigned:	11/22/2013	Date of Injury:	06/13/2013
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 54 years old female with stated dates of injury of 6/12/2013 to 6/13/2013. The patient states that during the course of her employment from June 13, 2012 to June 13, 2013, she developed pain in the neck and shoulders, and gastrointestinal and psychological symptoms as a result of her repetitive job duties. She states that she was told that some of the numbness she was feeling in her right arm, right leg, and lower part of her face, neck and upper chest were not completely consistent with the MRl study which was performed. She states that she had eight sessions of physical therapy which improved her range of motion and flexibility, but not the pain. She was then referred for a brain MRl scan which she reported undergoing on July 6, 2013. On July 11, 2013, she was seen by [redacted] for a neurological consultation, who reviewed the result of her MRI. He told her that it was normal. She states that she underwent blood workup. On July 18, 2013, she then returned to see [redacted] and was then referred to [redacted] for a physical medicine consultation. She was examined by him and prescribed methocarbamol 500mg twice a day. She is not currently working and she is on temporary total disability per [redacted]. She states that she never underwent an EMG/NCV. She reports psychological symptoms consisting of stress, anxiety and depression due to her frequent symptoms and not being able to work. She cannot sleep at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

A two month rental of an interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: According to Chronic Pain Medical Treatment guidelines, inferential current stimulation (ICS) 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, and limited evidence of improvement on those recommednd treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The OrthoStim4 unit prescribed by [redacted] is a multi-modality unit containing neuromuscular electrical stimulation as well as interferential current therapy. Neuromuscular electrical stimulation is specifically not recommended in the California MTUS. The two month trial is not medically necessary and appropriate.