MAXIMUS Federal Services

Case Number:	CM13-0029627		
Date Assigned:	11/01/2013	Date of Injury:	08/22/2012
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58-year-old female who reported a work-related injury on 08/22/2012. The mechanism of injury was the result of a fall. Subsequently, the patient presents for treatment of chronic cervical spine pain, chronic bilateral ankle pain with swelling to the bilateral lower extremities, left shoulder pain, left and right wrist pain, and low back pain. The clinical note dated 09/20/2013 reports the patient was seen under the care of [redacted] for follow up of her pain complaints. The provider documents the patient continues to present with complaints of increased pain about the shoulder, neck, elbow, mid back, and low back. The provider documents range of motion of the cervical spine was at 40 degrees of flexion, 45 degrees extension, and lateral bending of 35 degrees with 2+ spasms on the right upper trapezius. The patient reported some pain relief after stellate ganglion blocks. The provider requested authorization for a second stellate ganglion block on the left and medications were renewed (Anaprox, Prilosec, Norco, and Zanaflex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF device and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

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

Decision rationale: The review of the multiple clinical documents submitted for review evidence the patient was recommended to utilize the requested durable medical equipment for management of chronic pain and to promote healing for faster recovery. The California MTUS indicates, "Interferential current stimulation is not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway possibly appropriate for the following condition if it is documented and proven to be effective as directed or applied by the physician or provider licensed to provide physical medicine: (1) pain is ineffectively controlled due to diminished effectiveness of medications; (2) pain is ineffectively controlled with medications due to side effects; or (3) history of substance abuse or significant pain from postoperative conditions limits the ability to perform exercise program/physical therapy treatment or unresponsive to conservative measures." The clinical notes fail to evidence the above. Therefore, the request for Interspec IF Device/Supplies is neither medically necessary nor appropriate.