

Case Number:	CM13-0031314		
Date Assigned:	12/04/2013	Date of Injury:	02/04/2009
Decision Date:	01/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 PM&R, 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 underlying date of injury in this case is 02/04/2009. The primary diagnosis is 842.9 or shoulder sprain. Additionally diagnoses include neck sprain and cervical brachial syndrome. A prior physician review notes that the initial mechanism of injury is that the patient was mopping a restroom when he slipped on a wet floor and injured his back, neck, and shoulders. This review concluded that the medical records did not specify a rationale for a pain management consultation and that medical necessity criteria were not met with reference to an interferential stimulator. A detailed primary treating physician's medical-legal report of 10/19/2013 reports that that physician is a chiropractor and therefore is not licensed to prescribe medications. Therefore, the treating physician requested a pain management specialist to evaluate the patient in order to prescribe medication. Also on 10/19/2013, the same treating physician requested an interferential stimulator, noting the patient attempted massage therapy but could not afford the treatments and the drive time to Mexico to receive such care and noted that a 30-day trial of an interferential stimulator was appropriate particularly considering the patient was reluctant of complications of other treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM guidelines Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." A prior physician review indicated that the medical records did not provide a rationale for a pain management consultation. The medical records from the treating physician are detailed in particular with reference to the request. That provider states that the rationale for a pain management consultation is to consider prescriptions for pain medications since the treating provider is not licensed to prescribe medications. This request is consistent with the treatment guidelines. This request is medically necessary.

DME 3 month rental of ART interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, page 118, states, "There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications... possibly appropriate for the following conditions... pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, or unresponsive to conservative measures...If those criteria are met, then a one-month trial may be appropriate." It is not clear that this patient meets the stated criteria for a trial of interferential stimulation. Moreover, the guidelines at most would support a 1-month trial but not a 3-month trial of interferential stimulation. For these reasons, the request for interferential stimulation is not medically necessary. It follows that the associated supplies requested along with this request are not medically necessary.

3 month purchase of electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, page 118, states, "There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications... possibly appropriate for the following conditions... pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, or unresponsive to conservative measures...If those criteria are met, then a one-month trial may be appropriate." It is not clear that this patient meets the stated criteria for a trial of interferential stimulation. Moreover, the guidelines at most would support a 1-month trial but not a 3-month trial of interferential stimulation. For these reasons, the request for interferential stimulation is not medically necessary. It follows that the associated supplies requested along with this request are not medically necessary.

Conductive garment for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, page 118, states, "There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications... possibly appropriate for the following conditions... pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, or unresponsive to conservative measures...If those criteria are met, then a one-month trial may be appropriate." It is not clear that this patient meets the stated criteria for a trial of interferential stimulation. Moreover, the guidelines at most would support a 1-month trial but not a 3-month trial of interferential stimulation. For these reasons, the request for interferential stimulation is not medically necessary. It follows that the associated supplies requested along with this request are not medically necessary.