MAXIMUS Federal Services

Case Number:	CM13-0031971		
Date Assigned:	12/04/2013	Date of Injury:	11/02/2012
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery, 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:

Most recent assessment for review is a PR2 report from [redacted] from 08/05/13 indicating subjective complaints of neck, bilateral arm pain, and low back pain since time of injury. Objectively, no documented findings were noted. The claimant was given a diagnosis of a cervical sprain with radiculitis, lumbar strain with radiculitis, left shoulder strain, right wrist and hand sprains with carpal tunnel syndrome, and left wrist and hand sprains with carpal tunnel syndrome. Recommendations at that date were for electrodiagnostic studies to the bilateral lower extremities, the use of a back brace, an MRI of the cervical spine, physical therapy times 18 sessions to the cervical spine, bilateral arms and lumbar spine as well as the purchase of an interferential unit for further treatment. Further clinical records or imaging were not documented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Interferential (IF) Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,119,120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: Based on California MTUS Guidelines, an interferential stimulator unit would not be indicated. Interferential units are not recommended as isolated intervention in the chronic pain setting with no evidence of effectiveness, except in conjunction with recommended treatments including returning to work, exercise and medication management. There should also be a documentation of unresponsiveness to prior conservative measures including home exercise program and physical therapy treatment prior to proceeding with use of this agent. Records in this case do not indicate significant course of prior therapy as 18 sessions of therapy were being recommended at the date the interferential device was also being recommended. Lack of documentation of conservative measures given the claimant's diagnosis and underlying findings would fail to necessitate an interferential unit at this time.