

Case Number:	CM13-0036952		
Date Assigned:	12/13/2013	Date of Injury:	09/19/2012
Decision Date:	12/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert 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 31 year old male with an injury date of 09/19/12. The 09/09/13 report by [REDACTED] states that the patient presents with pain to the face, neck, back, left leg, right hip, right ankle and ribs. The patient is not working. No objective observations or examination is provided with this report. The patient's diagnoses include:-Head trauma with impaired memory, intellectual function-Cephalgia-Cervical spine and lumbar spine strain/sprain rule out herniated cervical disc with radiculitis-Laceration trochanteric area, right hip-trochanteric bursitis-Right foot and ankle sprain strain rule out internal derangement -Anxiety, Stress and Post Traumatic Stress-Fractured ribs right x1 and left x2. The 03/30/13 Operative report for left lower leg deep debridement and left lower leg incision and drainage of seroma is provided. The utilization review being challenged is dated 09/09/13. Reports were provided from 03/30/13 to 09/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation On-line Official Disability Guidelines (ODG), Head, Magnetic resonance imaging (MRI), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain to the face, neck, back, left leg, right hip, right ankle and ribs. The treating physician requests for DME Interferential Unit. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The reports show the patient has multiple injuries and has been treated with physical therapy with unknown results, medications and used an H Wave unit with good results. The treating physician does not discuss this request in the reports provided. Pain is rated 4-5/10 on 02/25/13 and 5/10 on 08/11/13. However, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. The patient did undergo an operative procedure on 03/30/13, but the request does not appear to be for post-op pain management. There is no documentation that the patient has trialed one-month use at home either. The request is not medically necessary and appropriate.