

Case Number:	CM13-0039486		
Date Assigned:	01/15/2014	Date of Injury:	10/01/2011
Decision Date:	04/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 61 year-old female with a 10/1/2011 cumulative trauma industrial injury claim. She has been diagnosed with cervical sprain with left upper extremity radiculitis; thoracic sprain; lumbar sprain, left shoulder periscapular strain, right elbow sprain; and bilateral knee patellofemoral arthralgia. [REDACTED] notes the thoracic and lumbar sprains are not on the claim form. According to the 9/13/13 orthopedic report from [REDACTED], the patient presents with neck pain radiating to the left upper extremity, mid and low back pain, left shoulder pain, right elbow pain and bilateral knee pain. The plan was to obtain x-rays, 12 sessions of physical therapy, use of Voltaren, Norco, Fexmid and Prilosec; and an OrthoStim-4 unit. On 9/23/13 Forte UR recommended non-certification for the interferential stimulator and supplies for 2-month rental for the lumbar and cervical spine. UR cites MTUS guidelines, but does not provide a rationale for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) MONTHS RENTAL OF INTERFERENTIAL (IF) STIMULATOR AND SUPPLIES FOR TREATMENT OF THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): s 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): s 114-121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, criteria for IF includes, pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Based on the medical records provided for review there is no mention that pain was not controlled by the medications prescribed. There is no mention of substance abuse, surgeries, and no mention of unresponsiveness to conservative measures. Physical therapy was initially prescribed on the same day as the Orthostim and initial medications. The patient does not meet MTUS criteria for Interferential therapy. The request for a two (2) months rental of Interferential (IF) Stimulator and supplies for treatment of the lumbar and cervical spine is not medically necessary and appropriate.