

Case Number:	CM13-0041795		
Date Assigned:	12/20/2013	Date of Injury:	01/01/2011
Decision Date:	06/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine, 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 injured worker is a 61 year old female who reported the gradual onset of neck, back, and extremity pain attributed to work activity, with a listed date of injury of 1/1/11. She has been diagnosed with cervical radiculopathy, arthritis, and other chronic degenerative conditions that cause her widespread pain. Treatment has included thumb surgery, physical therapy, and medications. On 8/29/13, the treating chiropractor noted widespread pain, ongoing medications, and many work restrictions. A request was made for an ART Interferential Stimulator due to issues with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART INFERENTIAL STIMULATOR FOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines provide very limited support for interferential treatment, noting the poor quality of medical evidence in support of interferential stimulation therapy. Guidelines also state that there is insufficient

evidence for using interferential stimulation for wound healing or soft tissue injury. The MTUS recommends against using interferential stimulation as an isolated treatment. This injured worker, aside from any general lack of indications, does not appear to meet any of the MTUS criteria, including specific lack of efficacy of medications. A treatment plan for a trial period of interferential stimulation was not described. The nature of the ART interferential stimulation device was not discussed. This device may or may not include other modalities beside interferential stimulation. As such, the request is not medically necessary.