

Case Number:	CM13-0045559		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2013
Decision Date:	08/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 45-year-old male who reported an injury on 03/11/2013. The injured worker was on a tractor on an uneven road. The tractor bounced around extremely for over 2 hours. A few days later, the injured worker developed numbness from his neck down to the fingers on the left side. The injured worker had complaints of neck pain and stiffness and frequent, moderate low back pain. Physical examination on 04/02/2013 revealed tenderness of the cervical paravertebral muscles and bilateral trapezii. There was spasm of the cervical paravertebral muscles and bilateral trapezii. Also noted was tenderness over the lumbar paravertebral muscles and bilateral S1 joints. There was tenderness of the posterior shoulder and left trapezius, with spasm of the left trapezius and anterior shoulder. There were positive Hawkins and Phalen's signs. Straight leg raise caused pain. The injured worker did participate in chiropractic sessions and physical therapy sessions. The medications for the injured worker were Tylenol with codeine, naproxen and tizanidine. The diagnoses for the injured worker were musculoligamentous injury, cervical; muscle spasms, cervical; rule out disc protrusion, cervical; and musculoligamentous injury, lumbar. Past treatments were chiropractic and physical therapy sessions. It was noted that the injured worker had x-rays pending. The rationale and the request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PRIME INTERFERENTIAL UNIT WITH TWO MONTH SUPPLIES: Upheld

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

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

Decision rationale: The request for a Prime interferential unit with 2 months of supplies is not medically necessary. The injured worker had sessions of chiropractic and physical therapy. The functional improvement and/or functional deficits were not reported. The California MTUS states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those treatments alone. The medical guidelines recommend patient criteria for the use of interferential stimulation. Documentation of pain ineffectively controlled due to diminished effectiveness of medications prescribed, and pain ineffectively controlled due to side effects of medications prescribed. Other criteria is history of substance abuse or significant pain from postoperative conditions that limit the ability to perform any type of exercise program, and unresponsiveness to conservative care (e.g., repositioning, heat/ice, etc.). If the criteria is met, then a one-month trial may be permitted. There should be documented evidence of increased functional improvement, less reported pain and medication reduction. Functional improvement or deficits were not reported. Therefore, the request is not medically necessary.