

Case Number:	CM13-0046711		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2012
Decision Date:	03/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 55-year-old female who reported an injury on October 24, 2012. The mechanism of injury involved a fall. The patient is diagnosed with cephalgia, cervical spondylosis, cervical radiculitis, bilateral shoulder and mid back strain, left elbow contusion, bilateral hand and wrist paresthesia, lumbar spine radiculitis, and bilateral knee contusion. The patient was seen by [REDACTED] on September 27, 2013. The patient reported ongoing pain to the neck, right shoulder, right hand, and low back. Physical examination revealed diffuse tenderness to palpation of the cervical spine, limited range of motion of bilateral shoulders, tenderness to palpation of the left elbow and bilateral wrists, painful range of motion of the lumbar spine, and tenderness to palpation of bilateral knees. Treatment recommendations included an interferential stimulation unit for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day trial of an Interferential Stimulation Unit for the Cervical Spine and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that the pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. The patient does not meet any of the above-mentioned criteria as outlined by California MTUS Guidelines. There is also no documentation of a failure to respond to conservative treatment. There was no treatment plan, including the specific short and long-term goals of treatment with the interferential unit submitted for review. The patient has reported relief with acupuncture sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.