

Case Number:	CM13-0053508		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2012
Decision Date:	03/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 & 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 42-year-old female who reported an injury on 05/08/2012. The mechanism of injury occurred with the patient was attacked and slammed against a wall. Review of the medical record reveals the patient's diagnoses include cervical sprain/strain, and cervical IVD syndrome. The patient has received prior chiropractic treatment, medication management, physical therapy, activity modification, acupuncture, epidural steroid injections, use of TENS unit, and previous ART unit for home therapy. Most recent clinical note dated 12/23/2013 revealed the patient complained of persistent pain in her neck, primarily on the right side, that radiates down the right arm to the hand with burning and numbness. She also experiences pain radiating from her neck into her skull, causing headaches. The patient frequently drops things with her right hand. The patient has much difficulty getting restful sleep, and sometimes is getting no sleep due to pain. The patient experiences daytime fatigue. The patient has decreased sensation, and she has much difficulty feeling what she touches. Physical examination revealed myospasms noted in the bilateral paracervical, upper thoracic paravertebral muscles, trapezius, scalene, and levator scapular muscles. Digital pressure to her right scalene muscle radiates pain down her right arm. Suboccipital pressure relieves head pressure. It was noted limited range of motion to the cervical spine by at least 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART interferential stimulator, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: The California MTUS Guidelines state that interferential stimulation is not recommended as an isolated intervention. There is no quality evidence of the effectiveness of this service except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvements with those recommended treatments alone. As there is no documentation provided in the medical records suggesting that the patient is participating in any type of exercise program at this time, and there is no documentation as to whether or not the patient is currently working or not, the medical necessity for the requested service cannot be determined at this time and the request for an ART interferential stimulator 30 day trial is non-certified.