

Case Number:	CM13-0062277		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	06/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation, has a subspecialty in Pain 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 patient is a 34 year old male who was injured on 05/05/2013 while he was unloading cars from a train when the rack lever jammed as he was carrying out the rack, (which weighed approximately 800 pounds) and it fell, hitting him on his head. He experienced immediate severe headache and drowsiness. Diagnostic studies reviewed include x-ray of the cervical spine dated 06/11/2013 with no abnormalities noted. X-ray of the cervical spine (Flex/Ext) dated 06/11/2013 with no abnormalities noted. An MRI of the brain without gadolinium date 08/21/13 revealed no acute internal hemorrhage, midline shift, mass lesion or mass effect. MRI of the cervical spine dated 10/30/2013 revealed: 1. C3-4 a 2.0 mm broad-based disc protrusion which mildly impresses on the thecal sac. 2. C4-5 a 2.0 mm broad-based protrusion which mildly impresses on the thecal sac. 3. C5-6 a 2.5 mm anterior disc protrusion is noted. Clinic note dated 06/03/2013 documented the patient to have complaints of constant sharp stabbing pain in his neck. The pain radiates into the back and sides of his head causing headaches, into his upper back and into his shoulders and arms. The pain is increased upon flexing or extending his neck, pushing, pulling, lifting, carrying and reaching at or above shoulder level. Objective findings on exam included the patient to be a right-hand dominant 33 year old male. He is 5 feet 8 inches tall and weighs 190 pounds. Examination of the cervical spine reveals 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles, bilaterally. There is 3+ tenderness to palpation felt over the cervical spine process from C4 through C7. Cervical compression is positive, bilaterally. Shoulder depression test is positive, bilaterally. Neurological Consultation dated 08/05/2013 documented the patient with complaints of headaches in the occipital area as well as sharp pain in the neck and shoulders along with complaints of lower back pain. The conclusion of the consult was the patient's neurological examination is stable and there is no evidence of any focal neurological deficit. Clinic note dated 08/28/2013 documented the patient to have complaints of

pain to the cervical spine and persistent headaches. He rates the pain as 8-9/10. The medication is slightly helping with his headaches at this time. He has a hard time sleeping at night. Objective findings on exam include examination of the cervical spine which reveals 3+ tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally. There is 3+ tenderness to palpation felt over the cervical spine process from C4 through C7. Cervical compression test is positive bilaterally. Shoulder depression test is positive bilaterally. Clinic note date 10/25/2013 documented there has been no significant change in his condition. The patient continues to complain of neck pain extending into the back of the head causing frequent headaches. He reports increased pain with activities of daily living that require repetitive neck and head movements. He notes that the more activities he does the more symptoms escalate. The patient rates his pain level today at 8/10 severity. Objective findings on exam included tenderness to palpation felt over the cervical spinous process from C4 through C7 and associated paraspinal muscles. There is tenderness over the paraspinal muscles, trapezius and parascapular muscle bilaterally. Cervical compression test is positive bilaterally. Shoulder depression test is positive bilaterally. Diagnoses: 1. Cervical spine sprain/strain with radiculitis 2. Head concussion. 3. Lumbar spine sprain/strain. 4. Thoracic spine myofasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERSPEC IF (INTERFERENTIAL) II UNIT WITH SUPPLIES FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: Per CA MTUS, ICS 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 recommended treatments alone. Patient selection criteria for ICS states it is "possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - 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)" There was no documentation provided to support the ICS had been proven to be effective as directed or applied by the physician. The request for the ICS was made on 10/25/2013 as an adjunct to physical therapy being requested, but there is no documentation that the patient had already received this treatment and the objective outcomes from the use of it. Further, there is insufficient information provided to support his pain is ineffectively controlled due to diminished effectiveness of medication, adverse side effects of medication, has a history of substance abuse or that he has been unresponsive to conservative measures. On the

06/03/2013 and 08/05/2013 examinations, it documented the patient was not taking any medications (other examination dates did not provide this information). Based on the lack of criteria being met, the request cannot be certified according to the guidelines.