

Case Number:	CM13-0063244		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2013
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Sports Medicine 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 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 51-year-old male who reported an injury on 04/08/2013. The mechanism of injury was noted to be lifting. The patient's diagnoses include intervertebral cervical disc disorder with myelopathy and carpal tunnel syndrome. The patient's symptoms are noted to include neck pain and right arm pain/numbness. His physical exam findings include limited range of motion in all planes, positive Spurling's test, weakness in the right arm, and positive Tinel's and Phalen's tests at the right wrist. At his follow up visit on 11/13/2013, it was noted that the patient had continued symptoms and a recommendation was made for a cervical spine epidural steroid injection and an interferential unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a MEDS-4 interferential unit and conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

Decision rationale: According to the California Medical Treatment Utilization (MTUS) Guidelines, interferential stimulation is not recommended as an isolated intervention as there is

no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and when there is limited evidence of improvement on those recommended treatments alone. The clinical information submitted for review failed to provide evidence that the patient would be using the interferential unit as an adjunct to a therapeutic exercise program as well as other treatments including medications and return to work. In the absence of these details and as the guidelines do not recommend interferential current stimulation as an isolated intervention, the request is not supported.