

Case Number:	CM13-0067751		
Date Assigned:	01/17/2014	Date of Injury:	11/01/2013
Decision Date:	12/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Interventional Spine 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 38 year old male with an injury date of 11/01/13. The 10/21/14 report by ■■■■■ states that the patient presents with burning neck pain rated 3-4/10 that radiates to the shoulders and down to the hands and fingers along with right middle finger pain rated 2-3/10. The patient also presents with burning lower back pain rated 3-4/10 that radiates to the legs with associated numbness and tingling of the bilateral lower extremities. Examination shows tenderness to palpation over the paraspinal muscles of the cervical spine and the lumbar spine and tenderness to palpation over the right middle finger. Sensation to pinprick and light touch is slightly diminished over C5-8 and T1 dermatomes in the bilateral upper extremities as well as the L4-5 and S1 dermatomes. The patient's diagnoses include: 1. Cervical spine sprain/strain with radiculopathy2. Right middle finger injury3. Lower back pain4. Lumbar spine degenerative disc disease, per MRI of 06/02/145. Lumbar radiculopathy per EMG/NCV study of 08/28/14. The utilization review being challenged is dated "12/10/13." Reports were provided from 05/26/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec interferential (IF) II unit and monthly supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, 2nd Edition, Passive Modalities page 300.

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

Decision rationale: The patient presents with neck pain radiating to the bilateral shoulders, right middle finger pain, and lower back pain radiating to the bilateral lower extremities with numbness and tingling. Pain is rated 2-4/10. The provider requests for Interspec Interferential (IF) unit and monthly supplies. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The provider does not discuss this request in the reports provided. The reports show the requested treatment is not intended as an isolated intervention as the patient is prescribed physical therapy, chiropractic and acupuncture treatments in addition to a regimen of medications for pain. The reports shows pain was rated 7/10 on 05/26, 4-5/10 on 08/19/14 and 2-4/10 on 10/24/14. There is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. Furthermore, there is no documentation that the patient has trialed one-month use at home. Interspec interferential (IF) II unit and monthly supplies is not medically necessary and appropriate.