MAXIMUS Federal Services

Case Number:	CM14-0004415		
Date Assigned:	02/05/2014	Date of Injury:	11/11/2009
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury on 11/11/2009 secondary to repetitive trauma. Her diagnoses include cervical radiculopathy, right carpal tunnel syndrome and chronic pain. Current medications were not provided. According to the medical records submitted for review, the injured worker was treated with acupuncture, epidural steroid injections, and a home exercise program. The injured worker was evaluated on 12/10/2013 and reported 5/10 neck pain radiating to the bilateral upper extremities. She also reported that her pain was a 10/10 without medications. It was noted that the injured worker was doing better since starting a new job function. On physical examination, the injured worker was noted to have reduced range of motion of the lumbar spine secondary to pain, spinal vertebral tenderness in the cervical spine at the C4-C7 levels, and cervical myofascial tenderness on palpation. The injured worker was recommended for an interferential current stimulation unit rental, and she was advised to continue with her home exercise program. A Request for Authorization was submitted on 12/20/2013 for an interferential unit 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT RENTAL FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-121.

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

Decision rationale: The request for an interferential unit rental for 30 days is certified. The California MTUS Guidelines recommend interferential current stimulation in conjunction with other recommended treatments, including return to work, exercise, and medications. These guidelines state that interferential current stimulation may possibly be appropriate as a 1 month trial if pain is ineffectively controlled with medications or if the injured worker has been unresponsive to conservative measures. The injured worker reported 5/10 pain that increased to 10/10 pain without medications. It was noted that considerable pain persisted even with medications. It was noted that the injured worker was participating in a home exercise program. It was also noted that the interferential current stimulation rental would be used in conjunction with continued home exercise with a goal of reducing medication use. It was also noted that the injured worker was unresponsive to other conservative measures, such as acupuncture. There is sufficient evidence to indicate that the injured worker may benefit from treatment with an interferential current stimulation unit trial in conjunction with her home exercise program. As such, the request for an interferential unit rental for 30 days is medically necessary and appropriate.