

Case Number:	CM14-0104505		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2007
Decision Date:	10/21/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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 injured worker is a 50 year old female whose date of injury is 02/21/07. The mechanism of injury is described as vigorous repetitive duties. Progress report dated 03/27/14 indicates the injured worker continues to complain of significant neck pain and right-sided shoulder pain. she describes radiculopathy in the right upper extremity. She also describes significant migraine headaches on a daily basis. Spasm, tenderness and guarding were noted in the paravertebral muscles of the cervical spine with decreased range of motion. Sensation was decreased over the right C6 dermatome. Cervical epidural steroid injection and acupuncture treatment was recommended. The records indicate that Elavil has helped the injured worker's headaches along with Imitrex. The injured worker has had acupuncture and she states that this helped to reduce her migraine headaches, reduce her radiculopathy, increase her functional capacity, and reduce her need for oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (18 Pairs) For Purchase: Upheld

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

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

Decision rationale: Noting that medical necessity has not been established for purchase of interferential stimulation unit, there is no need for purchase of associated electrodes for use with the unit. As such, the request for Electrodes (18 Pairs) For Purchase is not recommended as medically necessary.

Inferential Unit For Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-127.

Decision rationale: CA MTUS provides that interferential current 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 limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, a one-month trial of interferential stimulation may be appropriate if pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects, or for patients who are unresponsive to conservative measures. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction following the one-month trial. In this case, it appears that medications and acupuncture are effectively controlling pain. Also, there is no documentation of a one-month stimulator trial with objective evidence of significant functional improvement. Based on the clinical information provided, the request for inferential unit for purchase is not recommended as medically necessary.