

Case Number:	CM14-0109754		
Date Assigned:	09/19/2014	Date of Injury:	03/06/2014
Decision Date:	10/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

This 34 year old patient had a date of injury on 3/6/2014. The mechanism of injury was not noted. In a progress noted dated 5/29/2014, the patient has mildly improved pains of neck, thoracic spine, right shoulder, and low back. Low back pain radiates to right calf and right shoulder pain radiates to cervical spine. Pains are worse on lifting, walking, forward bending, neck bending, neck motion and right reaching above shoulder level. On a physical exam dated 5/29/2014, there is TTP at C3-C7 extended to interscapular region. There is TTP at L3-S1 with positive myospasms. The diagnostic impression shows C/S disc, L/S disc, right shoulder sprain/strain. Treatment to date: medication therapy, behavioral modification A UR decision dated 6/20/2014 denied the request for interferential unit rental lumbar and right shoulder times five months, stating that the requested interferential durable medical equipment (DME) is not supported by American College of Occupational and Environmental Medicine (ACOEM) due to lack of proven efficacy and electro therapy of any type is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit rental lumbar and right shoulder x5 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when 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. It was noted from the 5/29/2014 progress report that the patient continued to have persistent symptoms of pain despite conservative treatments such as medications. However, there was no clear rationale why this patient requires a 5 month rental, when guidelines recommend an initial trial of one month. Therefore, the request for interferential unit for lumbar and right shoulder times five months was not medically necessary.