

Case Number:	CM14-0010602		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2011
Decision Date:	07/17/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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 patient is a 43-year-old male who has submitted a claim for cervical disc disease, cervical musculoligamentous strain, cervical radiculopathy, and left shoulder sprain/strain associated with an industrial injury date of August 22, 2011. Medical records from 2012 to 2014 were reviewed. The patient complained of sharp and constant neck pain with radiation, numbness, and tingling to the right upper extremity. Patient also complained of left shoulder pain. Physical examination showed cervical paraspinal muscle tenderness and spasm; positive axial head compression, Spurling's, and impingement sign on the left; C4-C7 facet and left acromioclavicular joint tenderness; restricted cervical and left shoulder ROM; decreased sensation over the left C6 and C7 dermatomes. Treatment to date has included NSAIDs, opioids, muscle relaxants, hydrotherapy, acupuncture, topical analgesics, chiropractic sessions, physical therapy, and trigger point injections. Utilization review from January 8, 2014 denied the request for IF unit for chronic pain because there was no evidence that the patient attempted using a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL (IF) UNIT FOR CHRONIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118.

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

Decision rationale: Page 118-120 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. In this case, recent progress notes reported that oral pain medications are helpful. In addition, response to previous physical therapy was not documented. There were no reports of a successful 1 month trial of an IF unit in this case. Lastly, the request did not indicate the specific body part that needs treatment and whether the IF unit is for rental or purchase. Therefore, the request for IF unit for chronic pain is not medically necessary.