

Case Number:	CM14-0014073		
Date Assigned:	02/26/2014	Date of Injury:	06/01/2012
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/04/2014

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 claimant is a male with date of injury 6/1/2012. Per the physician's supplemental report of occupational injury, the patient continues to have moderate-severe neck pain and left upper extremity radicular pain, numbness and weakness symptoms. He also has myelopathic lower extremity symptoms too. He rates his pain as 7/10. On exam there is tenderness to palpation along the base of the cervical spine, C5, C6, and C7. Range of motion of the neck is 50 degrees of flexion, 30 degrees of extension, 40 degrees of rotation. Shoulder, elbow, wrist, hip, knee and ankle range of motion all within normal limits. He has 5/5 motor strength bilateral upper and bilateral lower extremities, but subjective weakness in the entire left arm. The patient reports decreased sensation in the left index and middle finger at the tip, however, he reports sensation intact to light touch throughout the remaining dermatomes. Cervical MRI shows a massive C3-C4 herniated nucleus pulposus with severe spinal stenosis, slightly more on the left side. There is severe spinal cord and nerve compression. There appears to be some myelomalacia and spinal cord changes. Diagnosis is massive C3-C4 herniated nucleus pulposus with spinal cord compression and radiculopathy/myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL TIMES 2 MONTHS FOR INTERFERENTIAL UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, an interferential stimulator is not recommended as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The criteria to support a one month trial include 1) pain is ineffectively controlled due to the diminished effectiveness of medication, or 2) pain is ineffectively controlled with medications due to side effects, or 3) history of substance abuse or 4) significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or 5) unresponsive to conservative measures. In this case the patient is having an anterior fusion and discectomy, it is reasonable to expect that criterion #4 listed above would be satisfied, which would justify a one month trial of an interferential current stimulation unit. However, The request is not for a one month trial, and the unit is not recommended for use without the trial and document evidence of benefit. The treatment is proposed for soft tissue injury or for enhancing wound or fracture healing, but there is insufficient literature to support interferential current stimulation for treatment of these conditions. The request for an interferential unit rental for two months and supplies is not medically necessary and appropriate.