

Case Number:	CM14-0018060		
Date Assigned:	04/16/2014	Date of Injury:	06/02/2009
Decision Date:	07/03/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is a 63 year old female who was injured on 06/02/2009. Mechanism of injury is unknown. The patient has an open work-related claim dated 04/16/2013 for her lower back and knees caused while she was pulling a drum on a photocopying machine that was stuck. When she pulled with extra force, she felt the onset of pain to her neck, shoulder, and upper back. MRI of the right shoulder dated 01/22/2014 which showed a rotator cuff tear. Prior treatment history has included 12 sessions of physical therapy which has helped to reduce her pain, increase her functional capacity, and help reduce the need for taking oral pain medications. Progress note dated 01/22/2014 documented the patient with complaints of neck and back pain radiating into the upper and lower extremities as well as bilateral shoulder pain with decreased range of motion and strength. MRI study of the neck and back showed disc bulges at multiple levels. The patient has been given the option of epidural steroid injection in the neck and back as well as rotator cuff repair. She declined invasive intervention at the present time. Objective findings continue to show spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Shoulders show impingement and Hawkin's signs with decreased range of motion on flexion and abduction less than 90 degrees. A request was made for 12 sessions of aqua therapy. Diagnoses included Lumbosacral radiculopathy, Thoracic sprain/strain, Shoulder tendinitis/bursitis and cervical radiculopathy. Progress note dated 02/21/2014: [REDACTED] states the patient's right knee and lower back problems are compensatory consequence of the original left knee injury. She states there is no mechanism of injury that would explain the cervical spine pain. The patient has a psychological component to the chronic pain and shoulder be evaluated by a psychologist. He states that further care is necessary including MRI study of the shoulder bilaterally, cortical steroid injections into the shoulders and possibility of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE INTERFERENTIAL UNIT WITH ELECTRODES X 18 PAIRS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CERVICAL AND THORACIC SPINE DISORDERS.

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines (CPMTG), state Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There is limited evidence of improvement on those recommended treatments alone. Although it is not recommended as an isolated intervention, according to the CPMTG, patients that are still selected to use the ICS should meet the selection criteria which includes having pain that is ineffectively controlled due to effectiveness of medications or side effects of medications; has a history of substance abuse; has significant pain from postoperative conditions limiting their ability to perform exercises or physical therapy; or is unresponsive to conservative measures. After the criteria are met, the guides state a one month trial may be appropriate. The medical records document the patient has received 12 sessions of physical therapy which reportedly helped with the patient's pain and increase in functional capacity. There is no documentation that the patient's pain is currently ineffectively controlled by the treatment regimen she is currently under. Further, the guides state that a one month trial should be attempted with documentation of increased functional improvement. Based on the guidelines, the patient does not meet the criteria for the use of an ICS nor is purchasing the unit within the guidelines prior to an appropriate trial. The request is not medically necessary according to the guidelines.