MAXIMUS Federal Services

Case Number:	CM14-0119954		
Date Assigned:	08/06/2014	Date of Injury:	05/29/2013
Decision Date:	10/03/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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 50-year-old male who has submitted a claim for lumbar ligament and muscle strain and spasm and knee pain associated with an industrial injury date of 05/29/2013.Medical records from 01/06/2014 to 06/08/2014 were reviewed and showed that patient complained of persistent pain in the neck (radiating down bilateral upper extremities with associated numbness), right shoulder, right elbow, right hip, lumbar spine and right knee. Physical examination of the cervical spine revealed positive guarding at C3-7 extending to the interscapular region. Physical examination of the right shoulder revealed tenderness upon palpation of the trapezius muscle extending to the AC (acromioclavicular) joint, and positive supraspinatus stress and Hawkin's tests. Physical examination of the right elbow revealed right elbow pain at end ROM (range of motion) with decreased elbow ROM. Physical examination of the lumbar spine revealed antalgic gait, tenderness upon palpation over L3-S1, decreased lumbar ROM, positive SLR (straight leg raise) test at 90 degrees bilaterally, and intact sensation, DTRs (deep tendon reflexes), and MMTs (manual muscle testing) of the lower extremities. Physical examination of the right hip revealed tenderness over the greater trochanter and physical examination of the right knee joint revealed tenderness. MRI of the lumbar spine dated 08/13/2013 revealed bilateral neural foraminal stenosis at L4-5, mild spondylolisthesis at the L5-S1 level with broad-based disc protrusion, disc desiccation, and mild narrowing of the neural foramina.Treatment to date has included physical therapy sessions, chiropractic care, six sessions of acupuncture, and pain medications such as Naprosyn and Norco. Utilization review dated 07/09/2014 denied the request for DME (durable medical equipment) Interferential Current Stimulator (ICS) because there was no clear documentation of the patient's ongoing exercise and active treatment program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Current Stimulator (ICS): Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, 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, and limited evidence of improvement on those recommended treatments alone. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. In this case, it was unclear if the patient was actively participating in a rehabilitation program. The guidelines only recommend ICS as adjunct to recommended treatments such as rehabilitation. Furthermore, the request failed to specify the body part to be treated. Therefore, the request for a Interferential Current Stimulator (ICS) is not medically necessary.