

Case Number:	CM14-0135814		
Date Assigned:	08/29/2014	Date of Injury:	05/07/2013
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 44 year old male who reported an injury on 05/07/2013. The mechanism of injury was not provided. Diagnoses included neck sprain, tenosynovitis of the hand and wrist, and carpal tunnel syndrome. Past treatments included acupuncture and medication. Pertinent diagnostics and surgical history was not provided. The clinical note dated 07/10/2014, indicated the injured worker complained of neck and bilateral upper extremity pain rated 5-6/10, and occasional muscle spasms in the neck. A physical exam was not provided. Current medications included Cyclobenzaprine. The treatment plan included purchase of an interferential unit with 18 pairs of electrodes for the cervical spine and bilateral wrists. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit with 18 pairs of electrodes (for purchase) for the cervical spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) (July 2009) Page(s): 118-120.

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

Decision rationale: The request for purchase of an interferential unit with 18 pairs of electrodes for the cervical spine and bilateral wrists is not medically necessary. The California MTUS guidelines indicate that interferential stimulation 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. Interferential stimulation is possibly appropriate if it has been documented and proven to be effective as directed or applied by the physician. The conditions for which interferential stimulation is possibly appropriate include pain that is ineffectively controlled due to diminished effectiveness of medications, pain that is ineffectively controlled with medications due to side effects, a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The clinical documentation indicated the injured worker complained of neck and bilateral upper extremity pain rated 5-6/10. There is a lack of documentation to support the need for interferential stimulation including ineffective pain control with medications or lack of improvement despite conservative treatment. Interferential stimulation is not recommended except in conjunction with recommended treatments, including return to work, exercise and medications. There is a lack of evidence to support that the injured worker was working and participating in exercise along with medication. Furthermore, the guidelines recommend a one-month trial of interferential stimulation to study the effects and benefits before purchase; however, there is a lack of documentation indicating the injured worker has completed a one month trial. Therefore, the request for purchase of interferential unit with 18 pairs of electrodes for the cervical spine and bilateral wrists is not medically necessary.