

Case Number:	CM14-0136229		
Date Assigned:	09/03/2014	Date of Injury:	08/16/1986
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 58-year old female with a reported date of injury on 08/16/1986. The mechanism of injury was continuous trauma. The injured worker's diagnoses included carpal tunnel syndrome, cervical disc disease, cervical radiculopathy, and left carpal tunnel syndrome. The injured worker's treatments have included medication, cervical spine epidural injections in 2003 which provided temporary benefit, physical and aquatic therapy which started in October 2003, an a home exercise program. The injured worker's diagnostic testing included x-rays, a cervical spine MRI which showed multilevel degenerative disc disease at C3-C4, C4-C5, and C6 with bilateral foraminal stenosis and upper extremity EMG/NCV studies in 2003. The injured worker's surgical history included a right carpal tunnel release in 2011. On 08/19/2014 the injured worker complained of constant, sharp, aching, neck pain that radiated down her left arm and fingers with numbness and tingling. The clinician reported focused cervical examination findings as abnormal lordosis and moderate tenderness with spasm over the paraspinous musculature extending over the right greater than left trapezius muscle. Special testing was positive for axial head compression left greater than right and Spurling sign left greater than right. Facet tenderness to palpation was noted over the C3-C6 level. The cervical spine range of motion was measured at 20/30 degrees of flexion, 50/60 degrees of extension, 30/30 degrees of lateral flexion bilaterally, and 60/70 degrees of right rotation and 70/70 degrees of left rotation. The focused upper extremity examination revealed a well healed surgical scar at the right wrist, a positive Tinel's sign to the left wrist, and decreased sensation along the bilateral C5 and bilateral C6 dermatomes. Upper extremity reflexes were normal bilaterally while strength was decreased to 4/5 to the bilateral shoulder abductors and elbow flexors. The treatment plan included bilateral C4-C4 and C5-C6 trans-facet epidural steroid injections, to continue medications, a 30 day trial of an interferential unit for home use, and to continue the home exercise program. The

injured worker's medications included Ultram ER 150 mg once daily as needed pain, Ativan, and Cymbalta. The request was for 1 Month rental Interferential Unit with supplies for cervical radiculopathy. The request for authorization was submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month rental Interferential Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The request for 1 Month rental Interferential Unit with supplies is not medically necessary. The injured worker complained of neck pain with radiation. The California MTUS Chronic Guidelines do not recommend interferential stimulation as an isolated intervention; however, it may be appropriate if it has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. Use of an interferential unit may be indicated for pain which is ineffectively controlled due to diminished effectiveness of medications or side effects, for patients with a history of substance abuse, for significant pain from postoperative conditions, or when patients are unresponsive to conservative measures. 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 documentation provided did not include documentation that interferential stimulation had been administered and was effective under the direction of a physician or licensed practitioner. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for 1 Month rental Interferential Unit with supplies is not medically necessary.