MAXIMUS Federal Services

Case Number:	CM14-0150292		
Date Assigned:	09/18/2014	Date of Injury:	10/24/1994
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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:

Patient is a 53-year-old female who has submitted a claim for Fibromyalgia, Cervical Spondylosis without radiculopathy, lumbosacral spondylosis without radiculopathy, and mild left shoulder impingement associated with an industrial injury date of 10/24/1994.Medical records from February 2014 to July 2014 were reviewed and showed continuous neck pain 6/10, retention, and stiffness. Pain noted to increase with prolonged posture and looking sideways, associated with headache. Patient complained of lumbosacral discomfort aggravated by raising arm overhead and with overuse, reaching, pushing, and pulling. There was also upper/ midline back continuous burning pain, 6-9/10 with stabbing and discomfort between shoulder blades. Lastly, patient complained of low back pain radiating to left lower extremity, increased with bending, prolonged activities, standing, and walking. Patient reported daily fatigue and difficulty completing activities of daily living, with sleeping problems due to pain. Physical examination findings from physician's initial report dated 02/04/2014 showed diffuse cervical spine tenderness, axial head compression, left greater than the right, with negative Spurling and Facet tenderness. Lateral rotation, lateral flexion, extension, and flexion were decreased. Upper extremity showed AC joint tenderness and subacromial tenderness, limited range of motion, and positive impingement and supraspinatus. Sensory testing, motor testing and reflexes were normal for the upper extremities. Lumbar spine showed diffuse tenderness with positive left straight leg raise; hamstring tightness noted at 60 degrees. Sensory testing, motor exam, and reflexes were normal for the lower extremities.Treatment to date has included physical therapy, chiropractic, acupuncture, water therapy, medical foods, and anti-hypertensives (lisinopril and Norvasc).Utilization review dated 08/19/2014 denied the request for 2 month IF (inferential current stimulation) unit rental to purchase (should pt benefit from use) and supplies since no quality of evidence of effectiveness except in conjunction with recommended treatment,

including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatment alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Month IF (inferential current stimulation) unit rental and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF (inferential current stimulation) unit Page(s): 118-120.

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

Decision rationale: As stated on page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current 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. In addition, guidelines stated that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, exercise programs/physical therapy treatment; or unresponsive to conservative measures. In this case, patient's records did not document if she had significant improvement with chiropractic, acupuncture, physical therapy, and water therapy sessions. In addition, it is unclear whether the patient has exhausted all conservative treatment measures, including oral medications. There is no evidence of an active exercise program that will be used in conjunction to interferential therapy; interferential current stimulation is not recommended as a solitary treatment modality. Furthermore, there is no discussion concerning the request for a two-month trial when the guideline clearly recommends a one-month trial. Therefore, the request for 2 month IF (inferential current stimulation) unit rental to purchase and supplies are not medically necessary.