

Case Number:	CM14-0151037		
Date Assigned:	09/19/2014	Date of Injury:	08/23/2012
Decision Date:	11/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 Pain Management, 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 injured worker is a 27 year old male with a date of injury on 8/23/2012. Per 7/22/2014 records the injured worker complained of pain in the left upper extremity, right hip, back and neck and shoulder pain. He rated his neck pain as 2-3/10 which comes and goes, achy, and worse with activity and driving. Back pain was rated at 3-9/10 which comes and goes, shooting pain in to the right lower extremity, worse with activity. And rib pain rated at 2-/10/10 which comes and goes, shooting, worse with direct applied pressure. A cervical spine examination noted tenderness in the left greater than right cervical paraspinal muscles and bilateral superior trapezius muscles. There were trigger points in the bilateral superior trapezius muscles with radiating symptoms down into the hand and fingers. There is axial pain with cranial vault compression. Range of motion was slightly decreased and guarded. Range of motion was limited in all planes. Thoracic spine examination noted tenderness in the right greater than left thoracic paraspinal muscles. Marked tenderness was noted over the right rib cage just below the chest extending anteriorly to the anterior rib cage. There were pain complaints in the right chest with full inspiration. Range of motion was limited with flexion and extension. Bilateral shoulder examination noted tenderness posteriorly in the shoulder girdle and interscapular muscles. Bilateral elbow examination noted tenderness over the medial epicondylar region and positive Tinel's causing dysesthesias into the little finger. X-rays of the cervical spine demonstrated straightening of the cervical lordosis that may reflect spasm or positioning. Otherwise disc spaces and vertebral heights are well maintained and unremarkable. X-rays of the thoracic spine noted normal thoracic kyphosis. The vertebral heights and disc spaces are maintained. Most recent records dated 8/18/2014 noted that injured worker complained of neck and back pain rated at 7/10. It was described as constant, achy and numb worse with activity. On examination, decreased and painful range of motion was noted. Flexion was noted at 50%. Tenderness was

noted over the thoracic spine paraspinal muscles, left greater than right. A urine drug screening test performed on 7/30/2014 was consistent and negative for other substance. He is diagnosed with (a) cervicobrachial syndrome (worse), (b) neck sprain/strain (worse), (c) Chronic pain syndrome (worse), and (D) thoracic spine sprain/strain (worse).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial Interferential Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Unit Page(s): 120.

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

Decision rationale: Evidence-based guidelines indicate that this treatment is not recommended for isolated intervention. Moreover, if it is to be used anyway an injured worker selection criteria for interferential stimulation need to be met. This includes pain is ineffectively controlled due to diminished effectiveness of medications, is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy or unresponsive to conservative measures (e.g. repositioning, heat/ice, etc.). In this case, most recent records dated 8/18/2014 documents that he has started a trial of Cymbalta which improved his mood and activity tolerance with no side effects and has been using Flexeril on as needed basis. In addition, he has physical therapy twice a week for three weeks directed to the neck and back. Based on this information, there is no indication that the said treatments have already failed and pending results from the said treatments the medical necessity of the requested 30 day trial interferential stimulation unit is not medically necessary.