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| Case Number: | CM14-0154491 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 01/03/2013 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/30/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 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 injured worker is a 29-year-old female who sustained an injury on 1/3/13. On 8/28/14 the patient presented with bilateral feet pain with soreness under the feet. She has plantar fasciitis of both feet. Cervical and lumbar pain had improved with some pain reduction with physical therapy and acupuncture. She has increased bilateral feet pain. No objective findings were documented in this report but from the previous report it was evident that she was compliant with medication which was helping with pain and that she was in moderate distress, very tearful and frustrated with difficulty raising from a seating position and antalgic gait. Treatment history included physical therapy, chiropractic care, extracorporeal shockwave therapy and medication management. No specific details about IF unit electrodes or Toradol were documented. Diagnoses include cervical spine sprain/strain, lumbar radiculopathy symptoms, severe plantar fasciitis, bilaterally and tenosynovitis. The request for IF unit electrodes and Toradol IM injection 60 mg was denied on 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit electrodes: 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, page(s) 118-120 Page(s): 118-120.

Decision rationale: Per 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. In addition, 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. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. In addition Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - 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. In this case, the medical records do not document this device is indicated, as the criteria are not met, and the request is not medically necessary in accordance with guidelines.

Toradol IM injection 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Toradol Page(s): 72, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Toradol

Decision rationale: Per CA MTUS guidelines, Ketorolac (Toradol):10 mg. [Boxed Warning] is an NSAID that is not indicated for minor or chronic painful conditions. Per ODG, Toradol is not indicated for minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder with up to three injections. Injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. There is no documentation of any indication for or injection (intra-articular or intramuscular) of

Toradol in this injured worker. The request is not medically necessary due to lack of documentation.