

Case Number:	CM14-0155024		
Date Assigned:	09/25/2014	Date of Injury:	06/06/2013
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
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 family Practice, 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:

30 yr. old female claimant sustained a work injury on 6/6/13 involving the neck. She was diagnosed with cervical strain and cervicobrachial syndrome. She had undergone chiropractor therapy and as noted in a progress note on 4/9/14 she did not have improvement with prior use of a TENS unit. A progress note on 8/18/14 indicated the claimant had continued neck pain with flexion and compression. Exam findings were notable for decreased right brachial reflex and decreased sensation in the right C6 dermatome. A recent request was made for the purchase of an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator, for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, an ICDS device 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, 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. Criteria for ICS use is: 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.). In this case, there is no indication in the notes that the claimant had met the criteria above. In addition, there is no documented response to an ICS unit to indicate need for purchase. The request to purchase an ICS unit is not medically necessary.