

Case Number:	CM14-0163139		
Date Assigned:	10/08/2014	Date of Injury:	03/01/2012
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year-old female with the date of injury of 03/01/2012. The patient presents with pain in her neck, shoulders and lower back. An MRI from 11/07/2013 reveals that the patient has restricted and painful range of neck, shoulder and lumbar motion. MRI shows 1) 2mm disc bulge at C3-4, C4-5, C5-6 and 2mm disc bulge at L3-4, 3mm disc bulge at L4-5 with mild bilateral neuroforamina narrowing and a 2-3 mm disc bulge at L5-S1 with mild left neuroformina narrowing. According to [REDACTED] report on 06/30/2014, diagnostic impressions are chronic myoligamentous sprain/ strain of the cervical spine with multilevel disc bulging, S/P left shoulder arthroscopic surgery, chronic tendinitis, right shoulder, bilateral carpal tunnel release with residuals and chronic myoligamentous sprain/ strain of the lumbosacral spine with multi-level disc bulging. The utilization review determination being challenged is dated on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/2014 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, IF Unit & Supplies, 1 month rental, DOS: 5/29/14: Upheld

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

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

Decision rationale: The patient presents with pain in her neck, shoulders and lower back. The request is for Interferential stimulator (IF Unit) & supplies (1 month rental). According to the utilization review letter on 09/10/2014, the patient is waiting for chiropractic therapy for her lumbar and left shoulder. MTUS guidelines page 118-120 states "Interferential Current Stimulation (ICS) 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.) The physician reports do not contain documentation of patient's medication use, history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Given the lack of sufficient documentation supporting MTUS criteria, recommendation is for denial.