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| Case Number: | CM14-0167546 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 09/21/2000 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury on 09/21/00 while working as a child psychologist. Treatments included two lumbar spine microdiscectomy surgeries complicated by a pseudomeningocele which was repaired. She continues to be treated for discomfort involving multiple body parts. She was seen on 03/18/14. She was taking multiple medications including medical marijuana. She had ongoing muscle spasms. She wanted to continue Topamax. Physical examination findings included appearing anxious and agitated and moving frequently. Urine drug screen was performed. On 04/17/14 authorization for a psychiatric evaluation was requested. On 05/15/14 she was having ongoing symptoms. Urine drug screening was performed. On 06/10/14 she was having significant migraines and had been seen in the Emergency Room. Botox injections were being considered. Pain was rated at 7/10 with medications and "10+/10" without medications. Medications were refilled. On 07/08/14 she had recently sustained a left foot injury. She was having ongoing significant myofascial pain. Opana ER and Norco were controlling her pain. On 08/05/14 she was having ongoing symptoms. She had been able to slightly increase activities after her foot injury. The note references the claimant as unable to function without medications. On 09/04/14 she was seen for medication refills. Physical examination findings appear unchanged. Weaning of medications was planned. On 10/02/14 she was having increased pain and spasms. She was heavily using a home interferential unit. Medications are referenced as decreasing pain from 9/10 down to 5/10. Physical examination findings included paraspinal muscle trigger points with decreased lumbar spine range of motion and positive right straight leg raise. She had occipital tenderness and there was pain with cervical compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator (IF Unit) and supplies: Overturned

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 (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic wide spread pain. In terms of interferential current stimulation, it is considered as possibly appropriate if it has been documented to be effective. These conditions include are when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, when there is a history of substance abuse, when there is significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or pain unresponsive to conservative measures such as repositioning and use of heat/ice. Criteria for continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant continues to have pain which is ineffectively controlled with medications that are being weaned. She is reported to be heavily using the interferential unit consistent with benefit from its use. Therefore, the requested interferential unit with supplies is medically necessary.