

Case Number:	CM14-0027007		
Date Assigned:	06/13/2014	Date of Injury:	09/24/2012
Decision Date:	08/26/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 26-year-old female suffered an industrial injury on 10/24/2012. The patient states that she sustained an injury to her neck, back and bilateral shoulders due to the repetitive loading and unloading of tires weighing up to 100 pounds. While at work she experienced severe increased pain to her neck, back, chest and bilateral shoulders. On a cervical spine examination, patient complaints of constant sharp stabbing pain, stiffness and tightness in her neck, she had difficulty turning her head in any direction on account of the pain and stiffness. The pain radiates up into the back of her head causing headaches and into her upper back and bilateral shoulders. On shoulder examination, the patient complaints of constant dull aching and throbbing pain in her right and left shoulders. The pain radiates down her arms and into her neck. Her shoulder pain is increased upon lifting, carrying, pushing or pulling any weight, and reaching at and above shoulder level. She experiences stiffness and tightness in her shoulders. She experiences weakness, numbness and tingling in her arms and hands. On a lumbar spine examination the patient complaints of constant sharp pain in her lower back. The pain is located across her waist and radiates down into her legs. On 11/13/13 a lumbar spine MRI revealed L5-S1 disc level shows mild dehiscence of the posterior portion of the nucleus pulposus with a 4mm midline disc bulge indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent. The patient's diagnoses are: Lumbar spine disc bulge, Lumbar spine radiculitis, cervical spine discopathy, cervical spine radiculitis and bilateral shoulder impingement syndrome. The request for authorization for an Interferential Unit II and monthly supplies are denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit II, Monthly Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Interferential Current Stimulation, page 118.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Interferential Current Stimulation, page 118.

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 findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic 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. Additionally, there is no evidence of trial of this device to demonstrate its efficacy in this injured worker. Therefore, the requested device is not medically necessary.