MAXIMUS Federal Services

Case Number:	CM14-0027960		
Date Assigned:	06/16/2014	Date of Injury:	09/29/2013
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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 claimant was injured on 09/29/13. An interferential unit for a two month rental has been requested and is under appeal. It is to be used in conjunction with acupuncture and therapy. On 11/01/13, MRI, EMG/NCV, and PT were ordered. The claimant saw [redacted] on 12/15/13. She stated acupuncture was helpful. She still had low back pain that was increased when she was carrying her baby. Tramadol was also helpful. MRI showed no significant disc bulge or stenosis and she was diagnosed with a lumbar sprain. The plan was for her to complete acupuncture and start physical therapy. An interferential unit was ordered to help decrease her daily pain. She has also treated with a chiropractor. Studies were held until after the pregnancy. On 02/14/14, a one-month trial was allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL CURRENT STIMULATION (ICS) UNIT WITH GARMENT TWO (2) MONTH RENTAL TO BE USED ADJUNCT TO ACUPUNCTURE AND PHYSIOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

Decision rationale: The MTUS state interferential 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. While not recommended as an isolated intervention, if certain 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. The MTUS support a trial for one month followed by an objective reassessment of the patient for benefit that has been received. In addition, the use of a jacket is not supported during the trial period. The medical necessity of this request has not been clearly demonstrated as the records do not meet these criteria.