

Case Number:	CM14-0031776		
Date Assigned:	03/21/2014	Date of Injury:	01/10/2014
Decision Date:	05/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 45-year-old male with a date of injury of 1/10/14. The mode of injury was an air tamper jumping up and hitting him in the mouth. The injured worker has a diagnosis of cervical sprain/strain, cervical radiculopathy, broken tooth complicated, and wound lip no complication. The injured worker was seen on 2/10/14 for a follow-up appointment. It is noted that the injured worker's condition has not improved significantly since the last appointment. He complains of 6/10 pain to the cervical area. The injured worker notes that his pain is moderately severe and sometimes extremely severe. Frequency is constant and pain levels vary. The injured worker denies any pain in the arms; no numbness or tingling of the arms. The injured worker is currently on Cyclobenzaprine 5mg, 1 tablet at bedtime as needed; Etodolac SR 600mg 24 hour, 1 tablet by mouth every day as needed; and Norco 10/325mg, 1-2 tablets every 8 hours as needed. On exam, pain severity was noted to be 5/10. On physical exam, the physician noted that the injured worker ambulates with a normal gait, full weight-bearing on both lower extremities, no loss of cervical lordosis, and no neck stiffness or splinting. There is cervical tenderness with pain. Muscle tenderness of the paracervical and trapezius pain was noted with minimal light palpation. Cervical compression and cervical distraction tests for nerve root compression were negative. Range of motion of the neck is restricted, flexion 5/45 degrees, extension 5/55 degrees, lateral flexion left 10/40 degrees, lateral rotation left 30/70 degrees, and right 30/70 degrees. It is also noted that sensation is intact to light touch and pinprick in the bilateral upper extremities with no weakness of the upper extremities. The treatment plan revealed that the physician expected maximum medical improvement as of 2/28/14. It is noted that the injured worker continues to have persistent complaints of cervical pain with the response disproportionately inconsistent with physical findings. The injured worker is currently on modified work duty and

not currently working. The physician advised the injured worker to continue his current medical regimen, which includes medication and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: MULTI INTERFERENTIAL STIMULATOR UNIT TRAIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The injured worker is a 45-year-old male with diagnoses of cervical sprain/strain, cervical radiculopathy, broken tooth complicated, and wound lip no complications. The injured worker was seen on 2/10/14 with complaints of cervical pain at 6/10. Cervical range of motion is restricted along with tenderness to the paracervical and trapezius. The physician did note that the injured worker continues to have persistent complaints of cervical pain and the pain response is disproportionately inconsistent with physical findings. California guidelines state that interferential current stimulation (ICS) 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. The injured worker is currently attending chiropractic treatments at this point which the doctor noted has improved pain levels. However, there is no duration for the request. Therefore, the request is non-certified.