

Case Number:	CM14-0033602		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2007
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Family 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:

This 54 yr. old male patient sustained a work injury on 4/17/07 involving the neck and shoulders. He was diagnosed with cervical strain/herniated disc, cervical radiculopathy and right shoulder impingement. He has undergone therapy and acupuncture. A progress note on 9/18/13 indicated he had worsening neck pain radiating to the right shoulder. Physical findings were notable for tenderness in the cervical spine, evidence of a torn biceps and reduced range of motion of the neck and right shoulder. The treating physician recommended an interferential unit. A recent progress note on 2/14/14 indicated a flare-up in neck pain with restricted range of motion. The treating physician had noted that the interferential unit had helped in the past and he had re-ordered it. In addition, an electric heating pad was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec Interferential (IF) Unit II Purchase with monthly supplies: Upheld

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 Unit Page(s): 118.

Decision rationale: According to the MTUS guidelines, an Interferential (IF) unit is not recommended for isolated intervention. Two recent randomized double-blind controlled trials suggested that IF was effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. 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. In this case, the functional improvement was not provided. In addition, the guidelines do not indicate need for permanent use. Therefore, the request for purchase of an IF device is not medically necessary.

Heating Pad purchase for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain.

Decision rationale: According to the ACOEM and ODG guidelines, insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The indication for heat may be short-term. The request for purchase of a heating pad is intended for long-term use and is not medically necessary.