

Case Number:	CM14-0034164		
Date Assigned:	07/16/2014	Date of Injury:	09/24/2012
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 & Rehabilitation, has a subspecialty in Pain 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 is a 65-year-old female patient diagnosed with mild cognitive impairment, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, and sprain of neck following a work-related injury on 09/24/2012. Mechanism of injury reportedly occurred from cumulative of trauma. A request for an interferential unit was non-certified utilization review on 03/14/14 with the reviewing physician noting that guidelines indicate interferential current stimulation is not recommended as an isolated intervention, and there is no documentation noting that this request was to be used in conjunction with an exercise program or returning to work. Long-term large volume studies are either not available and/or have not consistently evidenced efficacy. Previous treatment has included physical therapy, electrical stimulation, exercise, hot packs, work restrictions, medications, acupuncture, and injections to the neck, shoulder, and the wrists. The patient underwent an electronystagmogram which was suggestive of peripheral vestibular dysfunction. It was noted meclizine helps. On 02/24/14, the patient presented with complaints of pain rated at 5/10. Objective findings revealed tenderness to palpation over the bilateral trapezius muscles and levator muscles, bilaterally. Compression test was positive eliciting pain. Range of motion to the cervical spine was restricted. Plan was for pain management consultation for possible cervical spine epidural steroid injection, continue with acupuncture treatment, request authorization for interferential unit, and follow-up in 4-6 weeks. No medications were prescribed. Most recent progress note dated 06/09/14 indicated the patient underwent neuropsychological evaluation and was diagnosed with anxiety disorder and cognitive disorder. Psychiatric treatment was recommended. She reported neurological complaints including difficulty with sleep and concentration. She complained of on and off headaches, dizziness, anxiety, and is worried. Physical examination noted her neurological examination was

unchanged. She remained depressed and anxious. Plan was to continue Antivert 3 times per day as needed for dizziness, evaluation by a psychiatrist, and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines support the use of interferential therapy as a trial when pain is ineffectively controlled by medications and there is a history of substance abuse. Guidelines also noted that interferential stimulation is not recommended as an isolated intervention. If 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. In this case, there is no documentation of the failure of medication treatment or history of substance abuse. Recent notes do not contain a current medication list indicating what pharmacological treatments have been rendered. As was noted in the prior review, interferential therapy is not recommended as an isolated intervention, and there is no documentation of the patient participating in a self-directed home exercise program or physical therapy. Additionally, the current request does not specify if this is for purchase or rental, and documentation does not identify the patient having undergone a one-month home trial to evaluate efficacy. Therefore, an interferential unit is not medically necessary in this case and the request is non-certified.