

Case Number:	CM14-0037670		
Date Assigned:	06/25/2014	Date of Injury:	10/25/2013
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 Practice, 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 patient is a 37-year-old who sustained a work injury on October 25, 2013 involving the neck and low back. She has a diagnosis of cervical and lumbar strains. She underwent acupuncture treatments and home exercise for pain management. A progress note on February 12, 2014 indicated she had tenderness to palpation of the cervical and lumbar spin as well as decreases range of motion. NSAIDs (non-steroidal anti-inflammatory drugs) were not controlling her pain. A request was made for Thermaphor interferential treatment to reduce muscle spasms, pain and stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit and supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS (Interferential current stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines -Interferential Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Interferential Therapy (IFC) and pg 118 Page(s): 118.

Decision rationale: In this case, the patient is performing home exercise, using analgesics and performing acupuncture without relief. According to the guidelines, a one month trial of

interferential treatment is appropriate when used in conjunction with exercise and medications.
The request for an interferential unit and supplies is medically necessary and appropriate.