

Case Number:	CM14-0045154		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2005
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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:

Patient is a 64 year-old female with date of injury 10/07/2005. The most recent relevant medical document associated with the request for authorization, a follow-up pain management consultation and review of medical records, dated 03/21/2014, lists subjective complaints as pain in the neck, shoulders, and lumbar spine. Objective findings: Examination of the cervical spine revealed tenderness to palpation along the posterior cervical musculature bilaterally and decreased range of motion. Examination of the right shoulder revealed tenderness to palpation, no sublaxation appreciated. There was limited range of motion and ecchymosis noted along the shoulder joint. Patient had limited shoulder abduction to around 140 degrees. Examination of the left shoulder revealed no tenderness to palpation and range of motion within normal limits. Diagnosis: 1. Cervical myoligamentous injury with bilateral upper extremity radicular symptoms 2. Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms and associated facet arthropathy 3. Right shoulder impingement syndrome 4. Right knee arthroscopic meniscus repair, 10/27/2010 5. Medication induced gastritis 6. Paradoxical atrial fibrillation. Past treatment included medication, epidural steroid injections, and PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit/TENS Unit combo; with electrodes (4 per pack) x 10, batteries x 10, set-up and delivery; purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines IF unit, TENS Unit Page(s): 114, 116. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, National Library of Medicine, Chronic Pain Disorder Medical Treatment Guidelines (Colorado).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-120.

Decision rationale: According to the MTUS an 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, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Therefore, the request is not medically necessary.