

Case Number:	CM14-0045237		
Date Assigned:	07/09/2014	Date of Injury:	10/25/2013
Decision Date:	09/09/2014	UR Denial Date:	03/10/2014
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 Family Medicine, and is licensed to practice in North Carolina. 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 31 year-old with a reported date of injury of 10/25/13. The patient has the diagnoses of cervical spine strain/strain and lumbar spine strain/sprain with sacroiliac joint involvement. Per the progress notes provided by the primary treating physician dated 2/12/14, the patient had complaints of back and neck pain. The physical exam noted cervical spine tenderness to palpation with decreased range of motion and lumbar spine tenderness to palpation with SI joint tenderness, decreased range of motion and positive straight leg raise. Treatment recommendations included request for interferential unit and continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and 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 transcutaneous electrotherapy Page(s): 114-118.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on transcutaneous electrotherapy states 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, and limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used include pain being ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, or being unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no provided documentation that meets the criteria for use as outlined above and the requested service is not recommended in isolation. The patient is only receiving acupuncture and not had an adequate trial and failure of conservative therapy. For these reasons, the request is not medically necessary.