MAXIMUS Federal Services

Case Number:	CM14-0055434		
Date Assigned:	07/07/2014	Date of Injury:	05/21/1998
Decision Date:	08/07/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 injured worker is a 51-year-old female who reported an injury on 05/21/1998. The mechanism of injury was not provided for clinical review. Within the clinical note dated 02/10/2014, it was reported the injured worker complained of pain and muscle spasms. On the physical examination, the provider noted the injured worker had restricted range of motion and muscle spasms. The clinical documentation submitted is largely illegible. The provider requested for additional 3 months of the interferential stimulator to promote reduction of muscle spasms and improve circulation. The Request for Authorization was submitted and dated on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME:Ortho Stim 4 units x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation ODG-Transcutaneous electrotherpay.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page(s) 118, 120 Page(s): 118, 120.

Decision rationale: The California MTUS Guidelines note interferential current stimulation 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. The randomized trial that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The guidelines note interferential stimulation is recommended if pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects, a history of substance abuse, the significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment or unresponsive to conservative measures. There is lack of documentation indicating the injured worker had pain ineffectively controlled due to diminished effectiveness. There is lack of documentation indicating the injured worker had significant pain from postoperative conditions limited by the ability to perform exercise programs/physical therapy treatments. There is a lack of significant objective findings indicating the injured worker was unresponsive to conservative treatment. There is lack of documentation of the efficacy of the previous course of therapy. Therefore, DME:Ortho Stim 4 units x 3 months is not medically necessary.