

Case Number:	CM14-0060405		
Date Assigned:	07/09/2014	Date of Injury:	02/20/2012
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 02/20/2012. The mechanism of injury was not provided for clinical review. The diagnoses includes cervical disc disease and cervical radiculopathy. The previous treatments include medication and epidural steroid injection. Within the clinical note dated 02/05/2014, it was reported the injured worker complained of thoracic spine pain, lumbar spine pain. He described the pain as a deep ache. He rated his pain 6/10 in severity. On physical examination, the provider noted the injured worker had decreased sensation to the left upper extremities at C5, C6, and C7. The provider requested for an unknown data analysis. However, the rationale was not provided for clinical review. The clinical documentation submitted is largely illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restrospective request for Unkown computer data analysis between 3/10/2014 and 3/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The Retrospective request for unknown computer data analysis between 03/10/2014 and 03/10/2014 is not medically necessary. The injured worker complained of pain to the left upper extremity. He described the pain as a deep ache. He rated his pain 6/10 in severity. The California MTUS 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 of those recommended treatments alone. The randomized trials that have evaluated the effectiveness of the treatment have included studies for back pain, jaw pain, soft tissue pain, cervical pain, and postoperative knee pain. The request submitted does not specify the type of computerized data analysis the injured worker needs. Additionally, the guidelines do not recommend the use of an interferential current stimulation. There is lack of significant objective findings warranting the medical necessity for the request. Therefore, the Retrospective request for unknown computer data analysis between 03/10/2014 and 03/10/2014 is not medically necessary.