MAXIMUS Federal Services

Case Number:	CM14-0065083		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2000
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/4/00. A utilization review determination dated 4/30/14 recommends non-certification of an interferential unit and a chair seat cushion. The 3/26/14 medical report identifies pain in the neck radiating to the upper back and pain along the medial and lateral aspects of the elbow with radiation to the left small finger. Also, there is low back pain particularly with sitting. On exam, there is cervical and left trapezial tenderness and lumbar tenderness. There is slight limitation of cervical ROM, lateral elbow tenderness, positive Tinel's over the left cubital tunnel, and decreased sensation over the volar aspect of the left small finger. A chair seat cushion was recommended for back pain. IF was said to provide excellent response in the past and her unit is non-functional, so a new unit was recommended. The 1/15/14 medical report recommended a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Interferential unit: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 118-120 of 127 Page(s): 118-120 of 127.

Decision rationale: Regarding the request for an interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, it is noted that the patient previously utilized interferential stimulation with an excellent response, but the documentation does not identify any specific quantified pain relief or any objective measures of benefit such as examples of functional improvement, decreased pain medication use, etc. Furthermore, the provider recently recommended the use of TENS and there is no rationale identifying why interferential is now being recommended instead of TENS. In the absence of clarity regarding the above issues, the currently requested interferential unit is not medically necessary.

One chair seat cushion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for chair seat cushion, CA MTUS and ACOEM state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is noted to be well beyond the acute stage of injury and there is no clear rationale for the use of a specialized cushion for back pain despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested chair seat cushion is not medically necessary.