

Case Number:	CM14-0070528		
Date Assigned:	07/16/2014	Date of Injury:	09/17/2013
Decision Date:	08/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 23 year-old patient sustained an injury on September 17, 2013 from lifting a box of coke while employed by [REDACTED]. Request under consideration include Trial of A.R.T. interferential stimulator. Diagnoses include cervical sprain/strain. Hand-written report of February 17, 2013 from the chiropractic provider, the patient has ongoing neck and shoulder pain; the patient had completed an additional 6 chiropractic care; is not a surgical candidate and wants to avoid injections. Exam showed decreased cervical range; tenderness of C4-7 and trapezius; diffuse decreased sensation of right C7, 8 dermatomes; all other systems exam are negative. Treatment included acupuncture x 8 sessions. Exam showed Per report from the chiropractic provider dated April 21, 2014, the patient continues with chronic symptoms complaints; recent acupuncture treatment provided only temporary relief. Exam showed left trapezius/cervical spasm, decreased range of motion; cervical range of flex/ lateral/ rotation of 55/30/70 degrees, and positive neck compression testing on left. Conservative care has included chiropractic treatment, physical therapy, acupuncture, medications, and modified activities/rest. It was noted the patient is performing home exercise and is at full duty. The request for Trial of A.R.T. interferential stimulator was modified for a generic 2-lead TENS unit on May 5, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of A.R.T. interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Transcutaneous Electrotherapy, pages 115-118, Interferential Current Stimulation (ICS) 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 Page(s): 115-118.

Decision rationale: This 23 year-old patient sustained an injury on September 17, 2013 from lifting a box of coke while employed by [REDACTED]. Request under consideration include Trial of A.R.T. interferential stimulator. Diagnoses include cervical sprain/strain. Hand-written report of February 17, 2014 from the chiropractic provider, the patient has ongoing neck and shoulder pain; the patient had completed an additional 6 chiropractic care; is not a surgical candidate and wants to avoid injections. Exam showed decreased cervical range; tenderness of C4-7 and trapezius; diffuse decreased sensation of right C7, 8 dermatomes; all other systems exam are negative. Treatment included acupuncture x 8 sessions. Exam showed Per report from the chiropractic provider dated April 21, 2014, the patient continues with chronic symptoms complaints; recent acupuncture treatment provided only temporary relief. Exam showed left trapezius/cervical spasm, decreased range of motion; cervical range of flex/ lateral/ rotation of 55/30/70 degrees, and positive neck compression testing on left. Conservative care has included chiropractic treatment, physical therapy, acupuncture, medications, and modified activities/rest. It was noted the patient is performing home exercise and is at full duty. The request for Trial of A.R.T. interferential stimulator was modified for a generic 2-lead TENS (transcutaneous electrical nerve stimulation) unit on 5/5/14 citing guidelines criteria and lack of medical necessity. The Chronic Pain Medical Treatment Guidelines Guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs (activities of daily living), decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. The request for a Trial of A.R.T. interferential stimulator is not medically necessary and appropriate.