

Case Number:	CM14-0074980		
Date Assigned:	07/16/2014	Date of Injury:	02/05/2013
Decision Date:	12/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 Interventional Spine 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 patient is a 33 year old female with the injury date of 02/05/2013. The patient presents pain in her neck, mid back and wrists bilaterally. The patient rates her pain as 5/10 without medication or therapy. The patient is able to flex her chin to her chest without discomfort. Her cervical extension is 45 degrees and lateral rotation is 70 degrees bilaterally. There is palpative tenderness over paraspinal musculature with associated muscle spasms and over the volar aspect of bilateral wrists. The patient remains temporarily totally disabled. Per 03/19/2014 report, the patient is taking Tramadol, Diclofenac sodium, Omeprazole, Cyclobenzaprine, Fluoxetine and Menthoderm. MRI on 02/26/2014) Intact scapholunate and lunotriquetral interosseous ligaments2) Intact triangular fibrocartilage3) No stress or traumatic fractureDiagnoses on 04/16/2014) Cervical spine sprain/ strain2) Thoracic spine sprain/ strain3) Possible bilateral wrist carpal tunnel syndromeThe utilization review determination being challenged is dated on 04/25/2014. Treatment reports were provided from 11/22/2013 to 07/11/2014 which does not generally recommend Interferential Units. In addition, it is noted that there is insufficient documentation of an Interferential Unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter Interferential therapy

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

Decision rationale: The patient presents pain and weakness in her neck, mid back and wrists bilaterally. The request is for Interferential Unit (IF Unit). Per 04/16/2014 progress report, the treater recommends IF to help reduce pain in conjunction with home exercise/ therapy program. Two acupuncture progress reports show that the patient symptoms have been improving. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is 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 limits the ability to perform exercise programs/physical therapy treatment; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Review of progress reports does not show documentation of history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. Furthermore, the request does not specify the length of ICS or if it is a trial request. MTUS require 30-day home trial if indicated. The request is not medically necessary.