MAXIMUS Federal Services

Case Number:	CM14-0076936		
Date Assigned:	07/18/2014	Date of Injury:	09/07/2013
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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:

The injured worker is a 43-year-old male who sustained an injury on September 7, 2013. He was diagnosed with (a) vertigo, (b) post concussion syndrome, (c) subsequent traumatic head injury, and (d) subsequent cervical spine sprain.He was seen on April 3, 214 for an evaluation. He has been undergoing acupuncture and stated that it only helped lower his blood pressure and that it did not do anything to the pain or vertigo. He complained of headache and constant and dull neck pain, which radiated to the bilateral upper limbs and shoulders associated with numbness and tingling sensations of the fingers. The pain was rated at 9/10. Examination of the cervical spine revealed decreased range of motion. There was tenderness over the paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month rental of Interferential Unit and 3 months of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Interferential current stimulation (ICS).

Decision rationale: The request for three-month rental of interferential unit with three months of supplies is not medically necessary at this time. The Official Disability Guidelines state the use of interferential unit is not recommended as an isolated intervention. There is an injured worker selection criterion if Interferential stimulation is to be used anyway and this has not been met. It has been determined from the medical records that the injured worker also underwent physical therapy and received medications for pain management. While he reported no benefit of pain relief from acupuncture, there was no indication in the medical records reviewed that medications ineffectively controlled his pain to necessitate the need of interferential unit. More so, there was no documentation of the injured worker's response to previous sessions of physical therapy. Hence, proceeding with the use of interferential unit is not in accordance with the guidelines and considered not medically necessary at this time.