

Case Number:	CM14-0090569		
Date Assigned:	07/25/2014	Date of Injury:	10/04/2013
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on October 4, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of headaches and neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation, and positive chiropractic tests. Deep tendon reflexes were 2+ at both upper extremities. Diagnostic imaging studies objectified multiple level minimal disc bulges in the cervical spine with no evidence of nerve root encroachment. MRI of the brain was unremarkable. Previous treatment included physical therapy, chiropractic care, multiple medications, and pain management interventions. A request had been made for interferential unit and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month IF rental/ purchase, neck: Upheld

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

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

Decision rationale: As noted in the MTUS, there is no support for interferential therapy as an isolated intervention. Furthermore, a trial is to be objectified demonstrating some efficacy or utility with such a device. Given that there has been passed modalities offered (physical therapy, chiropractic, etc.) and no noted efficacy is reported, there is insufficient clinical evidence presented to support the medical necessity of such intervention.