

Case Number:	CM14-0097187		
Date Assigned:	07/28/2014	Date of Injury:	04/03/2014
Decision Date:	11/13/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 34-year-old female with a date of injury of 04/03/2014. The listed diagnoses per [REDACTED] are: 1. Left shoulder sprain/strain with myospasm. 2. Lumbar spine sprain/strain with radiculitis. 3. Right foot sprain/strain. 4. Right foot contusion. 5. Medication-induced gastritis. According to progress report 05/14/2014, the patient presents with left shoulder, rib cage, back, right leg, and foot complaints. Examination of the lower back revealed tenderness to palpation with spasm of the paraspinals, right gluteal muscle, and tenderness to palpation of the right sacroiliac. There is positive straight leg raise at 35 degrees bilaterally. Examination of the shoulder revealed tenderness to palpation with spasm of the left AC joint and left upper trapezius muscle. There is positive impingement, apprehensive sign, and empty can's test on the left. Examination of the right ankle/foot revealed tenderness to palpation of the dorsum of the right foot. Strength is noted as 2+/5. The patient is utilizing naproxen and ibuprofen for pain relief. Request for authorization from 05/14/2014 request an IF unit 1 month rental and electrodes batteries set up and delivery. Utilization review denied the request on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit 1 month rental - Lumbar Spine, Left Shoulder, Left Foot: Upheld

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

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

Decision rationale: This patient presents with left shoulder, rib cage, back, right leg, and foot complaints. The treater is requesting a one month trial of Interferential unit and supplies. The MTUS Guidelines page 118 to 120 states interferential current stimulation is 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. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, the patient does not meet the criteria for an IF unit. The request is not medically necessary.