MAXIMUS Federal Services

Case Number:	CM14-0191440		
Date Assigned:	11/25/2014	Date of Injury:	08/20/2013
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 62-year-old man who sustained a work-related injury on December 7, 2011 and again on August 20, 2013. Subsequently, he developed chronic low back and neck pain. According to a follow-up report dated October 1, 2014, the injured worker continued complaining of neck and lower back pain. He also continued to have right-sided knee pain, status post knee arthroscopy. The injured worker had undergone 2 sessions of physical therapy (out of 12) and did report that increase on range of motion and reduce pain in the right knee. Injured worker stated that electrostimulation used during therapy improved his back pain and spasming as well. On examination, reduced spasm and tenderness were noted over the paracervical musculature of the cervical and lumbar spine. The injured worker was ambulating with an antalgic gait. The injured worker was diagnosed with lumbosacral radiculopathy, cervical radiculopathy, shoulder impingement, generalized pain, and knee tend/burs. The provider request authorization for home interferential unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

At-Home Interferential Unit for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. There is no clear evidence that the injured worker did not respond to conservative therapies. As a matter of fact, after only 2 sessions of physical therapy (out of 12), the injured worker did report increase on range of motion and reduction of pain. There is no clear evidence that the prescription of interferential stimulator is in conjunction with other intervention. Therefore, the request for a Home Interferential Unit is not medically necessary.