MAXIMUS Federal Services

Case Number:	CM14-0192606		
Date Assigned:	11/26/2014	Date of Injury:	09/12/2009
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine 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:

This is a 65 years male patient who sustained an injury on 9/12/2009. The current diagnosis includes cervical sprain/strain with bilateral upper extremity radiculopathy, cervical spine degenerative disc disease, spondylosis, abutment of right C5 nerve root, anterolisthesis C4-5, lumbar sprain/strain with bilateral lower extremity radiculopathy, bilateral shoulder strain and impingement. Per the doctor's note dated 10/27/14, he had complaints of neck pain radiating to right upper extremity as well as low back pain radiating to bilateral lower extremities. The physical examination revealed cervical spine- decreased lordosis, tender trapezius and paravertebral muscles with guarding and increased neck pain with axial compression; the lumbar spine- decreased lordosis, tender paravertebral muscles, mild muscle spasm and increased low back and buttock pain with straight leg raise; bilateral shoulder- subacromial tenderness, decreased range of motion, positive impingement, and positive cross-arm test. The medications list includes ibuprofen and Norco. He has had an electro diagnostic study on l/7/14 with normal findings; lumbar spine MRI dated 5/22/14 which revealed multilevel disc protrusion and degenerative changes. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Days Rentals of Interferential Home Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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."Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: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; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction."The records provided do not specify a response to conservative measures including physical therapy for this injury. Previous conservative therapy notes are not specified in the records provided.Therefore there is no evidence of failure of conservative measures like physical therapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided.The medical necessity of 90 Days Rentals of Interferential Home Unit is not fully established for this patient at this juncture.