

Case Number:	CM14-0193491		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2012
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
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 Physical Medicine & 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 65 year old male with an injury date of 03/20/12. The 09/19/14 report states that the patient presents with pain in the head, the neck radiating to the upper extremities with numbness and tingling, mid back, lower back radiating to the lower extremities with numbness and tingling, bilateral shoulders, bilateral elbows, right hip, bilateral knees and the bilateral ankles. Pain is constant and is rated 3-4/10. Examination reveals tenderness of the cervical spine and tenderness of trapezius muscles with spasms. There is tenderness of the lateral epicondyle with Phalen's positive bilaterally. Examination also shows tenderness of the paravertebral muscles of the lumbar spine with patellar grinding positive in the bilateral knees. The patient's diagnoses include headache, cervical and lumbar disc protrusion, cervical and lumbar radiculopathy, thoracic sprain/strain, bilateral shoulder rotator cuff syndrome, bilateral elbow lateral epicondylitis, bilateral wrist tenosynovitis, bilateral chondromalacia patella, bilateral ankle sprain/strain and depression. Current medications are listed as: Terocin topical, Flurbinap cream, Gabycyclotram cream, Mentherm, Genicin and Somnicin. The utilization review being challenged is dated 10/17/14. Reports were provided from 04/17/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit 30 day trial: Overturned

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

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

Decision rationale: The patient presents with pain in the head, neck, mid and lower back, bilateral shoulders, bilateral elbows, right hip, bilateral knees and bilateral ankles. Pain is constant and radiates to the upper and lower extremities with numbness and tingling. The 10/17/14 Utilization Review states the RFA is dated 10/07/14. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. In the 09/19/14 report the physician states the request, "...will reduce the need for pain medication and increase joint range of motion while the patient participates in a home exercise program." The reports show the request is not an isolated intervention. The patient is prescribed a regimen of oral and topical medications for pain, acupuncture treatment, TENS, and the physician cites a home exercise program. It does not appear that pain is not controlled due to diminished effectiveness or side effects of medication. On 08/20/14 the physician states, "Patient denies any side effect to the oral and topical medications.....Patient denies any GI symptoms with the use of medications. His pain level without taking medications is 3-4/10 and decreases to 1/10 when he does take the medication." The 09/19/14 report states pain is 6/10 without medications. On 10/22/14 the physician also indicates medication reduces pain from 6/10 to 2-3/10. In this case, the patient seems to be doing fairly well with oral medication regimen. The physician is interested in trying the IF unit to reduce overall medication intake which is reasonable. Therefore the request IF unit for one month is medically necessary.