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| Case Number: | CM14-0199411 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 05/11/2012 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/30/2014 |

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 patient is a 46 year old woman who sustained a work-related injury on May 11 2012. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on October 24 2014, the patient was complaining of neck pain and right shoulder pain with a severity rated 4/10. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The provider requested authorization for Interspec IF II.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, Interferential unit is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for Interferential unit if there is no

documentation of the efficacy of one month trial. Therefore, Interspec IF II is not medically necessary.