

Case Number:	CM14-0203098		
Date Assigned:	12/15/2014	Date of Injury:	10/31/2013
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, 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 55 year old female with an injury date of 10/31/13. Based on the 10/22/14 progress report provided by treating physician, the patient complains of lumbar and thoracic pain rated 2-7/10. Physical examination revealed tenderness to palpation to the upper lumbar and lower thoracic region; with full range of motion. Patient had physical therapy and chiropractic treatment without any resolution of her symptoms. Patient has been treated with NSAID and Prilosec. Per treater report dated 10/22/14, the patient continues full-duty work and has reached maximal medical improvement, however "she is permanent and stationary for rating purposes." Patient is to continue with home exercise program. Treater is requesting "home interferential unit" for the patient's spasms and "treatment of her symptoms so that she avoids the need for any medications, especially since she has a history of autoimmune disease as well."Diagnosis 10/15/14- Thoracic pain. Though there are no obvious findings of thoracic radiculopathy on her MRI, it is possible that the patient may have some costal nerve damage or other small fiber damage from the impact ofthe cabinet. Furthermore, it is possible that she may also have sustained some musculoskeletal tissue damage, which is resulting in prolonged pain as well.- Disturbance of skin sensationDiagnosis 10/22/14- Chronic mid thoracic pain status post significant blunt trauma to her back 10/31/13, working as a property manager for RNV- T9-10 small disc protrusion mainly on the right side without any central canal stenosis, left side stenosis at T9-10- Neck pain, lower back pain, left teg pain, nonindustrial- History of autoimmune disease, nonindustrial- No signs or symptoms of spinal cord compression or cauda equina syndrome- MRI scan December 2013 without any significant abnormalities other than the right T9-10 disc herniationThe utilization review determination being challenged is dated 11/10/14. Treatment reports were provided from 03/03/14 - 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit 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 lumbar and thoracic pain rated 2-7/10. The request is for MEDS 4 INTERFERENTIAL UNIT. Patient has been treated with NSAID and Prilosec. MRI from December 2013 revealed no significant abnormalities other than the right T9-10 disc herniation. Patient is to continue with home exercise program. Per treating physician report dated 10/22/14, the patient continues full-duty work and has reached maximal medical improvement, however "she is permanent and stationary for rating purposes." MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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. Per progress report dated 10/22/14, treating physician is requesting "home interferential unit" for the patient's spasms and "treatment of her symptoms so that she avoids the need for any medications, especially since she has a history of autoimmune disease as well." Provided reports show the requested treatment is not intended as an isolated intervention as the patient is on home exercise program and takes NSAID. Treating physician states that patient had physical therapy and chiropractic treatment without any resolution of her symptoms. However, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. Given that the request is for an IF unit without a specific request for one-month trial, recommendation cannot be made. Therefore the requested interferential unit IS NOT medically necessary.