

Case Number:	CM14-0204098		
Date Assigned:	12/16/2014	Date of Injury:	05/21/2003
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice, 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 48 year old female injured worker suffered an industrial accident on 5/21/2003. Lifting was the cause of the injury. The details of the initial injury were not clear in the documentation provided but the accepted injuries were to the bilateral wrist, shoulders, neck and lumbar spine. The diagnoses as of the provider's progress note on 4/23/2013 included cervical sprain/ strain, myofascial syndrome and bilateral upper extremity radiculopathy. The treatments included aqua therapy, acupuncture, medications and TENS unit. The note described the TENS unit controlled symptoms in order for the injured worker to perform modified duties in the workplace. The body part that the TENS unit was utilized for was not included in the medical record provided. The UR decision on 11/5/2014 did not certify the requested interferential unit as it was not recommended as an isolated modality. There was no documentation of functional improvement from prior use or from electrical stimulation therapy that was under the supervision of a licensed physical therapist along with no documentation of the results of the TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit QTY#1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

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

Decision rationale: According to the guidelines and interferential current unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with treatments such as exercise medications. There is limited evidence for its use in soft tissue injury. The criteria for its use includes: Pain does not effectively control her medications or a history of substance abuse or unresponsive to conservative measures then a one month trial may be appropriate. In this case, the claimant had already used a TENS unit. There was no noted response to an IF unit for a month. In addition, the evidence for its use in the claimant's condition is variable. The request to purchase an IF unit is not medically necessary.

Adhesive remover towel QTY #1: Upheld

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

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

Decision rationale: Based on the above lack of necessity for an IF unit, it supplies and associated products are not medically necessary. The adhesive remover is therefore not medically necessary.

9 volt battery QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: Based on the above lack of necessity for an IF unit, it supplies and associated products are not medically necessary. The battery is therefore not medically necessary.

Electrode packs QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: Based on the above lack of necessity for an IF unit, it supplies and associated products are not medically necessary. The electrode is therefore not medically necessary.