

Case Number:	CM14-0204742		
Date Assigned:	12/17/2014	Date of Injury:	06/20/2014
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 54-year-old man who sustained a work-related injury June 20, 2014. Subsequently, the patient developed chronic neck, low back, and knee pain. Prior treatments included: medications, 1 session of massage, acupuncture, fusion on C3-C6 with anterior plate, and 7 sessions of physical therapy for the cervical and lumbar spine and right knee. X-ray of the cervical spine dated July 17, 2014 showed anterior subluxation of C2 on C3 measuring 3.5 mm in neutral, 3.06 mm in flexion, and 1.75 mm in extension. At C6-7, there was severe degenerative changes and partial calcification of the anterior intervertebral ligament and 2.27 mm posterior osteophyte. X-ray of the bilateral knees dated July 17, 2014 showed mild lateral maltracking and tilt on the left knee with early degenerative changes of the lateral patellofemoral joint. X-ray of the lumbar spine dated July 17, 2014 showed restricted flexion and extension. EMG/NCV study of the lower extremities performed on October 13, 2014 documented chronic left L5 radiculopathy. According to a progress report dated November 7, 2014, the patient complained of weakness of the cervical spine, upper extremities, lumbar spine, and lower extremities. The patient reported frequent occipital to frontal headaches that were rated as 3/10 and occasional 8/10. The headaches were partially related to cervical spine pain. The patient reported blurring of vision of the bilateral eyes. The patient also reported memory problems. The patient was diagnosed with musculoskeletal headaches, history of vertigo and hearing loss, cervical spine sprain/strain, rule out bilateral C7-8 radiculopathy, lumbar sprain/strain, bilateral hip pain, bilateral knee sprain, left foot sprain, and history of rheumatoid arthritis and right drop foot. The provider requested authorization for Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, Interferential Current Stimulation (ICS). 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. 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.). There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. . Therefore, the request for Interferential unit is not medically necessary.