

Case Number:	CM14-0204851		
Date Assigned:	12/17/2014	Date of Injury:	01/01/2014
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
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 Physical Medicine Rehabilitation 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 30 year old female with date of injury 06/09/14. The treating physician report dated 12/17/14 indicates that the patient presents with pain affecting the mid back, shoulders, and neck which is associated with numbness to bilateral hands. The physical examination findings reveal bilateral shoulder tenderness with painful range of motion and decreased sensation in all fingers with sensory testing. Prior treatment history includes physical therapy, home exercise program, and medication. EMG & NCV testing was unremarkable and showed no evidence of instability. The current diagnoses are: 1. Neck Sprain/ Strain 2. Thoracic Sprain/ Strain 3. Chronic Pain Syndrome The utilization review report dated 11/14/14 denied the request for IF Stim Unit x30 days based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Stim Unit x30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the mid back, shoulders, and neck which is associated with numbness to bilateral hands. The current request is for IF Stim Unit x30 days. The treating physician states, "The patient has not responded to conservative measures including heat and repositioning and pain has been inefficiently controlled with nonsteroidal anti-inflammatories. As this device is not recommended as an isolated intervention, she would use this with her home exercise program." (44 & 136) The MTUS guidelines state, "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 Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." In this case, the treating physician has documented that the patient has not been responsive to therapy and that medication is not helping diminish the patient's pain. However, there is no documentation that this modality has been effective when directed or applied by the physician or a provider licensed to provide physical medicine as required by the MTUS guidelines. Recommendation is for denial.