MAXIMUS Federal Services

Case Number:	CM14-0021476		
Date Assigned:	05/07/2014	Date of Injury:	02/25/2013
Decision Date:	03/10/2015	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 67 year old male, who sustained an industrial injury on 02/25/2013 as a result of being assaulted . He has reported subsequent neck and back pain with numbness of the bilateral upper extremities. The diagnoses have included cervical disc disease, cervical radiculopathy, left ring finger fracture, lumbar disc disease and lumbar facet syndrome. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and a home exercise program. Currently the injured worker complains of pain in the cervical spine rated as a 6/10 that was described as a burning sensation with stiffness of the cervical spine radiating to the shoulders. The injured worker also complained of pain in the lumbar spine that was rated as an 8/10 and was described as sharp and burning. Objective physical examination findings were notable for a wide-based gait, moderate cervical paraspinal muscle tenderness and spasm, positive axial head compression and Spurling's sign, facet tenderness, decreased cervical range of motion, lumbar paraspinal muscle tenderness, moderate facet tenderness, decreased range of motion of the lumbar spine and positive findings on some sacroiliac and sciatic nerve root tension tests. A request for Interspec IF II and supplies was made, however there was no mention of this request on the most recent physician's report. On 01/16/2014, Utilization Review non-certified a request for Interspec IF II and supplies, noting that the guidelines for criteria for use of an interferential current were not satisfied and that there was no documentation of flare or that any functional goals had been set. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state 'Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, Not recommended as an isolated intervention' and details the criteria for selection:- 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.). 'If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The treating physician's progress notes do not indicate that the patients has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. In fact, the patient is going to start PT program which may be redundant in his therapy. As such, current request for interferential unit is not medically necessary.