

Case Number:	CM14-0027138		
Date Assigned:	06/13/2014	Date of Injury:	11/27/2011
Decision Date:	01/23/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 42-year-old gentleman with a date of injury of 11/27/2011. A treating physician note dated 12/23/2013 identified the mechanism of injury as cumulative trauma. This note indicated the worker was experiencing pain in both shoulders that went into the arms with associated muscle spasms; pain in both wrists and hands with muscle spasms; mid- and lower back pain with muscle spasms; numbness and tingling in both legs; bilateral hip pain that went into the left leg; left knee pain; problems sleeping due to pain; and anxious mood. Documented examinations consistently described tenderness in both shoulders, both wrists, both arms, the mid- and lower back, and left hip. It was noted that there was mildly decreased motion in both shoulders, lower back joints, both wrists, and both hips; and decreased sensation following the paths of the L4-S1 and C5-T1 spinal nerves in the limbs. The submitted and reviewed documentation concluded the worker was suffering from pain in both shoulders, thoracic spine pain, bulging lumbar disk(s), pain in hips, left knee pain, an anxiety disorder, a sleep disorder, and increased stress. Treatment recommendations included oral and topical pain medications, physical therapy, and chiropractic care. A Utilization Review decision was rendered on 02/04/2014 recommending non-certification for an interferential stimulator with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain and the literature has not shown benefit from this treatment. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit; medications are causing intolerable side effects; a history of substance abuse limits the treatment options; the pain does not respond to conservative measures; and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation concluded the worker was suffering from pain in both shoulders, thoracic spine pain, bulging lumbar disk(s), pain in hips, left knee pain, an anxiety disorder, a sleep disorder, and increased stress. These records reported the worker was engaged in an active conservative management plan, but there was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for an interferential stimulator is not medically necessary.

Interferential stimulator supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain and the literature has not shown benefit from this treatment. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit; medications are causing intolerable side effects; a history of substance abuse limits the treatment options; the pain does not respond to conservative measures; and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation concluded the worker was suffering from pain in both shoulders, thoracic spine pain, bulging lumbar disk(s), pain in hips, left knee pain, an anxiety disorder, a sleep disorder, and increased stress. These records reported the worker was engaged in an active conservative management plan, but there was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for an interferential stimulator supplies is not medically necessary.

