

Case Number:	CM15-0000464		
Date Assigned:	01/12/2015	Date of Injury:	11/20/2012
Decision Date:	09/01/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old female, who sustained an industrial injury on 11-20-12. She reported pain in her neck, back, left upper extremity, low back, right knee, and ankle. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical spine disc bulge, thoracic spine sprain and strain, lumbar spine disc bulge, bilateral shoulder tendinitis, right carpal tunnel syndrome, bilateral wrist sprain and strain, and bilateral ankle sprain and strain. Treatment to date has included physical therapy, acupuncture, shockwave treatments, epidural injections, and medication. Currently, the injured worker complains of cervical spine pain, lumbar spine pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. The treating physician requested authorization for an 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: 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 (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. In this case, there is no information to determine if this request is for a rental unit or a purchase of the unit, therefore, the request for Interferential unit is determined to not be medically necessary.