

Case Number:	CM15-0001219		
Date Assigned:	01/12/2015	Date of Injury:	02/17/2000
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on February 17, 2000. She has reported sustained injuries to her neck and upper extremities as a result of repetitive motions involving bending, typing, prolonged sitting and rotating her neck. The diagnoses have included cervical herniated nucleus pulposus, right carpal tunnel syndrome and tendinitis. Treatment to date has included surgery, diagnostic studies, acupuncture, chiropractic sessions, CPAP, physical therapy and medications. Currently, the injured worker complains of neck pain and throbbing along with intermittent cervical pain. She noted temporary relief after acupuncture, chiropractic and physical therapy were implemented. She reported having impaired sleep, averaging 4-5 hours a night despite the use of her medications. She has difficulty initiating sleep. She also reported significant problems in her sleep patterns and quality of sleep in general. She reported using her CPAP occasionally. When she uses her CPAP machine, she feels more refreshed. On December 10, 2014, Utilization Review non-certified a 6 months of Interferential unit supplies and new internal battery, noting the MTUS Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of 6 months of Interferential unit supplies and new internal battery.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit supplies x 6 months and new battery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for Interferential Current Stimulation (ICS) to be determined to be medically necessary: 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 therapy: - 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 or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, medications, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A (jacket) should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention should be periodically reassessed and documented. Treatment of unlimited duration is not recommended. In this instance, the submitted medical record makes no mention of how long the unit has been in use nor its efficacy as evidenced by increased functionality and medication reduction. Current medications and doses are not provided as a means to compare with the time period before interferential current stimulation. Because the ongoing effectiveness of interferential current stimulation has not been provided in the available records under review, IF unit supplies x 6 months and new battery are not medically necessary in accordance with the referenced guidelines.