

Case Number:	CM15-0001545		
Date Assigned:	01/12/2015	Date of Injury:	12/14/2009
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
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: 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 61-year old male, who sustained an industrial injury on December 14, 2009. He had reported a fall landing on his lower back and tried to break the fall with his right arm. The fall resulted in immediate pain in the right shoulder and lower back. The documentation reflected the worker had experienced lower back pain since the 1980's which were also stated to be work related. The diagnoses have included cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and wrist burs. Treatment to date has included pain medication, rest, right shoulder surgery and cognitive behavior therapy with relaxation techniques. Currently, the IW complains of ongoing neck and low back pain with stiffness and radiation into his arms and legs bilaterally. There was restriction of motion in the neck, bilateral shoulder tenderness worse on the right side, weakness in the hands and the knees had intermittent aching and occasional stiffness bilaterally. Physical exam on December 2, 2014 was remarkable for mild paracervical and right greater than the left cervical trapezius muscle tenderness, no palpable spasms, sensory intact to sharp pin and light touch, range of motion normal with muscle strength diminished by 5-15 percent. The shoulders bilaterally had decreased range of motion and AC joint tenderness on the right. The hips and knees were also noted to have decreased range of motion. On December 10, 2014, the Utilization Review decision non-certified a request for interferential unit purchase with electrode patches for cervical and thoracic spine and shoulder, noting the CA MTUS stated that this treatment is not recommended as there is no quality of evidence of effectiveness except in conjunction with recommended treatments. The ACOEM stated that there is no high-grade evidence to support the effectiveness or

ineffectiveness of passive physical modalities. On December 30, 2014, the injured worker submitted an application for IMR for review of interferential unit purchase with electrode patches for cervical and thoracic spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for purchase with electrode patches for cervical spine/thoracic and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-119.

Decision rationale: According to guidelines it states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. According to medical records there is documentation that the patient's pain is being controlled on medications and thus ICS is not medically necessary.