

Case Number:	CM15-0103411		
Date Assigned:	06/05/2015	Date of Injury:	01/25/2012
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida, 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 54 year old male, who sustained an industrial injury on January 25, 2012 while working as a custodian. The injury occurred when the injured worker was struck on the left side of the face by a patient. The injured worker has been treated for neck, low back and left eye complaints. The diagnoses have included cervical disc syndrome, cervical radicular symptoms, cervical spine sprain/strain, lumbar radicular symptoms, lumbar spine sprain/strain, brachial neuritis, headaches, dizziness and left eye blurry vision. Treatment to date has included medications, radiological studies, function capacity evaluation and a home exercise program. Current documentation dated April 20, 2015 notes that the injured worker had tenderness at the right cervical dorsal, upper thoracic, left cervical dorsal and right cervical regions. Cervical range of motion was noted to be decreased. The treating physician's plan of care included a request for a home interferential stimulator, initial trial home use for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential stimulator initial trial home use (days) Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, low back, page 303, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 116 of 127.

Decision rationale: This claimant was injured three years ago. He was struck on the left side of the face by a patient. There are continued pain complaints. There is tenderness to the right and left cervical and thoracic areas. Interferential current stimulation is a form of therapeutic transcutaneous electrical stimulation of nerve and surrounding tissues. Interferential stimulation has been investigated as a technique to reduce pain, improve range of motion or promote local healing following various tissue injuries. Interferential current is essentially a deeper form of TENS. In essence, it modulates a high frequency (4000 Hz) carrier waveform with the same signal produced by a TENS unit. Also, the ACOEM guides advise under Chapter 12, Physical Methods, page 303 notes: "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy." In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately not medically necessary.