MAXIMUS Federal Services

Case Number:	CM15-0108281		
Date Assigned:	06/12/2015	Date of Injury:	09/03/2008
Decision Date:	09/23/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on 9/3/2008. He reported neck and right arm pain with radiation into the right hand and fingers. The injured worker was diagnosed as having multi-level cervical and lumbar spondylosis, long term tobacco abuse, history of prior alcohol abuse, chronic marijuana use, cardiovascular disease with cardiomyopathy, hypertension, diabetes mellitus, chronic obstructive pulmonary disease, psychiatric comorbidity, and chronic pain syndrome. Treatment to date has included medications, electrodiagnostic studies, magnetic resonance imaging of the cervical spine. He is medically retired. The request is for a one month trial of interferential stimulator, 4 electrode packs, 1 leadwire, 12 power packs, and 16 adhesive remover towels. On 3/31/2015, he complained of right sided face pain with numbing and feeling like his ears are plugged. He also reported constant neck pain with radiation into the right shoulder down to the fingers, and intermittent low back pain with radiation into the right leg. Physical examination revealed limited cervical spine motion at 50% for flexion, no extension, 25% for right rotation and side bending, and 50% for left rotation and side bending. Straight leg raise testing was negative, gait was normal, and sensation was intact throughout. Future medical care is recommended to be left open for appropriate medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of Interferential Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulator.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented physical therapy to which interferential would be an adjunct treatment in order to justify superseding the guideline recommendations. The request for interferential unit rental and associated supplies is not medically necessary and appropriate.

4 Electrodes packs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented physical therapy to which interferential would be an adjunct treatment in order to justify superseding the guideline recommendations. The request for electrode pads x 4 is not medically necessary and appropriate.

1 Leadwire: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented physical therapy to which interferential would be an adjunct treatment in order to justify superseding the guideline recommendations. The request for a lead wire is not medically necessary and appropriate.

12 Power Packs for IF Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented physical therapy to which interferential would be an adjunct treatment in order to justify superseding the guideline recommendations. The request for 12 power packs for IF unit is not medically necessary and appropriate.

16 Adhesive Remover Towels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented physical therapy to which interferential would be an adjunct treatment in order to justify superseding the guideline recommendations. The request for 16 Adhesive Remover Towels is not medically necessary and appropriate.