

Case Number:	CM15-0109183		
Date Assigned:	06/15/2015	Date of Injury:	01/20/2015
Decision Date:	12/03/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Connecticut, California, Virginia
 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 32 year old male who sustained an industrial injury on January 20, 2015. The worker is being treated for: shoulder impingement, tendinitis and peritendinitis and moderate grade of chondromalacia; cervical disc protrusions, lumbar and thoracic disc protrusions: Lumbar and cervical radiculitis. Subjective: February 02, 2015, neck, lumbar and right shoulder strain with "minimal improvement." States "overall 10% better." January 29, 2015, "felt his back is slightly better." Medications: January 29, 2015: Tylenol with Codeine, Flexeril, Naproxen, Omeprazole, and Skelaxin. Diagnostics: MRI right shoulder performed on May 04, 2015; MRI cervical spine performed on March 17, 2015, MRI of lumbar spine performed on March 16, 2015, cervical spine, and lumbar radiography February 25, 2015. Treatment: activity modifications, medications, physical therapy and manipulative therapy, injections, shockwave therapy treatment, rest, ice application. On May 20, 2015 a request was made for an interferential unit purchase and supplies for the management of neck, low back, shoulders, and elbows that was non-certified by Utilization Review on May 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interspec IF II and supplies for the management of neck, low back, shoulders and elbows symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There are no standardized protocols for the use of interferential therapy, and the evidence does not support clear value to treatment, and while not recommended as an isolated intervention, patient's should be selected for consideration only by meeting the following criteria: pain ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional criteria may include history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures (repositioning, heat/ice, etc.). If the aforementioned criteria are met, consideration of a one-month trial may be appropriate to assess added benefit of treatment. The provided records do not discuss the criteria that would support consideration of ICS therapy, and therefore given the provided records, the request cannot be considered medically necessary.