

Case Number:	CM15-0015882		
Date Assigned:	02/04/2015	Date of Injury:	08/19/2009
Decision Date:	04/22/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 8/19/2009. The diagnoses have included adjacent disc bulges at C2-C3 and C3-C4, cervicogenic headaches, right shoulder impingement, low back pain and facet syndrome of the cervical spine. Treatment to date has included cervical fusion and pain medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/7/2014 revealed mild facet hypertrophy at L5-S1. According to the progress report dated 1/8/2015, the injured worker complained of residual neck pain, residual back pain and left posterior shoulder pain. Medications were noted to be helpful and symptoms were stable. The injured worker was noted to have some swallowing difficulty; a swallow study was normal. Current medications included Norco and Tramadol. Physical exam of the cervical spine included pain to palpation and limited range of motion. Authorization was requested for an Interferential Stimulator. On 1/19/2015, Utilization Review (UR) non-certified a request for an Interferential Stimulator, 2 Month Rental Body Part Unspecified, The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator, 2 months rental, body part unspecified, per 1/8/15 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator (ICS) Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

Decision rationale: This patient has a date of injury of 08/19/2009 and presents with continued complaints of neck, low back, and posterior left shoulder pain. The medical file provided for review does not include a Request for Authorization form. The current request is for interferential stimulator, 2 months rental, body part unspecified, per 01/08/2015 form. For interferential current stimulation, the MTUS Guidelines page 118-120 state that “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.” Interferential stimulation units are recommended in cases where: 1.) Pain is ineffectively controlled due to diminished effectiveness of medications. 2.) Pain is ineffectively controlled with medication due to side effects. 3.) History of substance abuse. 4.) Significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or 5.) Unresponsive to conservative measures including repositioning, ice/heat, etc. In this case, the available medical reports do not document substance abuse, operative condition, or unresponsiveness to conservative measures. The requested interferential unit IS NOT medically necessary.