

Case Number:	CM15-0018161		
Date Assigned:	02/06/2015	Date of Injury:	03/14/2013
Decision Date:	04/01/2015	UR Denial Date:	01/25/2015
Priority:	Standard	Application Received:	01/30/2015

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 40 year old female, who sustained an industrial injury on 3/14/13. The injured worker has cervical spine tenderness to palpation over the paraspinal musculature and trapezius. Range of motion of thoracic spine is measures as flexion 45 degrees, right rotation is 25 degrees and left rotation is 25 degrees. She has complaints of neck, upper back, shoulders, lower back pain and headaches. The diagnoses have included cervical spine musculoligamentous sprain/strain with multilevel disc bulge at C2-C7; thoracic spine musculoligamentous sprain/strain and others unchanged not re-evaluated. She has had chiropractic and acupuncture treatments. According to the utilization review performed on 1/25/15, the requested Interferential Stimulator Rental (Month); 12 Power Pack; 16 Adhesive Remover Towel Mint and TT and SS Leadwire has been non-certified. Chronic Pain Medical Treatment Guidelines; Interferential Current Stimulator was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Rental (Month): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-121.

Decision rationale: The patient is a 39 year old female who presents with cervical and thoracic spinal pain rated 5/10. The patient's date of injury is 03/14/13. Patient has no documented surgical history directed at this complaint. The request is for INTERFERENTIAL STIMULATOR RENTAL (1 MONTH TRIAL). The RFA is not provided. Physical examination dated 12/29/14 reveals tenderness to palpation of the cervical paraspinal muscles, shoulder depression test elicitation of bilateral trapezius muscle pain, and tenderness to the bilateral thoracic spine paraspinal muscles with associated decrease in range of motion. Progress note dated 12/29/14 indicates that this patient is not currently taking any medications. Diagnostic imaging was not included, though progress noted dated 12/29/14 describes findings of MRI from May 2013: "Multilevel disc bulges at C2 through C7 with a 3 millimeter disc bulge at C4-C5." Patient's is not currently working. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures." In regards to the request for an ICS unit trial rental, the request appears reasonable as the patient has failed to demonstrate progress following medications and acupuncture alone. Progress note dated 11/17/14 indicates that this patient was prescribed Tramadol and Cyclobenzaprine for pain, though a failure of efficacy is not specifically documented, progress note dated 12/29/14 does not list these medications as active. Furthermore, it appears that this patient has found some success through the utilization of acupuncture, as progress note dated 12/29/14 requests an additional round of therapy in conjunction with ICS unit rental. It appears that a 1 month trial rental of an ICS unit, when used in conjunction with acupuncture could produce appreciable benefits. Therefore, the request IS medically necessary.

12 Power Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-121.

Decision rationale: The patient is a 39 year old female who presents with cervical and thoracic spinal pain rated 5/10. The patient's date of injury is 03/14/13. Patient has no documented surgical history directed at this complaint. The request is for 12 POWER PACK. The RFA is not provided. Physical examination dated 12/29/14 reveals tenderness to palpation of the cervical paraspinal muscles, shoulder depression test elicitation of bilateral trapezius muscle pain, and

tenderness to the bilateral thoracic spine paraspinal muscles with associated decrease in range of motion. Progress note dated 12/29/14 indicates that this patient is not currently taking any medications. Diagnostic imaging was not included, though progress noted dated 12/29/14 describes findings of MRI from May 2013: "Multilevel disc bulges at C2 through C7 with a 3 millimeter disc bulge at C4-C5." Patient's is not currently working. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures. In regards to the request for what appears to be battery packs for the home interferential unit. However, the treater does not explain why 12 units of batteries are needed and why the unit does not have a rechargeable battery. While one-month trial of IF unit is reasonable, the requested 12 batteries are not without an explanation as to why so many batteries are needed for one month use. The request IS NOT medically necessary.

16 Adhesive Remover Towel Mint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-121.

Decision rationale: The patient is a 39 year old female who presents with cervical and thoracic spinal pain rated 5/10. The patient's date of injury is 03/14/13. Patient has no documented surgical history directed at this complaint. The request is for 16 ADHESIVE REMOVER TOWEL MINT. The RFA is not provided. Physical examination dated 12/29/14 reveals tenderness to palpation of the cervical paraspinal muscles, shoulder depression test elicitation of bilateral trapezius muscle pain, and tenderness to the bilateral thoracic spine paraspinal muscles with associated decrease in range of motion. Progress note dated 12/29/14 indicates that this patient is not currently taking any medications. Diagnostic imaging was not included, though progress noted dated 12/29/14 describes findings of MRI from May 2013: "Multilevel disc bulges at C2 through C7 with a 3 millimeter disc bulge at C4-C5." Patient is not currently working. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures." In this case, while the use of IF unit for

one-month rental is reasonable, there is no explanation regarding the need for "adhesive remover" for 16 units. Pads used for electrical units are typically easy to remove and used for multiple treatments before they are replaced. The requested "adhesive remover" sounds excessive and unnecessary and the treater does not explain the need for additional cost. The request IS NOT medically necessary.

TT and SS Leadwire: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-121.

Decision rationale: The patient is a 39 year old female who presents with cervical and thoracic spinal pain rated 5/10. The patient's date of injury is 03/14/13. Patient has no documented surgical history directed at this complaint. The request is for TT AND SS LEAD WIRE. The RFA is not provided. Physical examination dated 12/29/14 reveals tenderness to palpation of the cervical paraspinal muscles, shoulder depression test elicitation of bilateral trapezius muscle pain, and tenderness to the bilateral thoracic spine paraspinal muscles with associated decrease in range of motion. Progress note dated 12/29/14 indicates that this patient is not currently taking any medications. Diagnostic imaging was not included, though progress noted dated 12/29/14 describes findings of MRI from May 2013: "Multilevel disc bulges at C2 through C7 with a 3 millimeter disc bulge at C4-C5." Patient's is not currently working. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures." As a conservative therapy for pain reduction, ICS units, and the associated leads, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. However, there is no explanation as to what "TT and SS lead wires" are. Typically, pads and wires are part of the IF unit which is already authorized for a trial. The treater does not explain why additional add on items are needed for this particular unit. The request IS NOT medically necessary.