

Case Number:	CM15-0131932		
Date Assigned:	07/20/2015	Date of Injury:	10/14/2013
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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, California
 Certification(s)/Specialty: Family Practice

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 was a 41 year old female, who sustained an industrial injury, October 14, 2013. The injured worker previously received the following treatments chiropractic services, functional capacity evaluation, physical therapy, cervical spine x-rays, thoracic spine x-rays, lumbar spine x-rays and acupuncture services. The injured worker was diagnosed with cervical spine sprain/strain, cervicgia, thoracic spine sprain/strain, thoracic pain myofascitis, low back pain syndrome and lumbar strain/sprain and sleep disturbance and the injured worker was breast feeding. According to progress note of May 4, 2015, the injured worker's chief complaint was neck and back pain. The neck pain was 4-5 out of 10, greater on the right. Radicular pain in the arms left greater than the right. The upper back was 3-5 out of 10, greater on the left. The low back pain was 3-5 out of 10, greater on the left. Radicular pain was in the right thigh and left foot. The physical exam noted cervical compression left greater right. The left shoulder depression test was positive to the whole left. The Kemp's test was positive bilaterally, left greater than the right. The straight leg testing was positive on the left at 28 degrees and the right at 35 degrees. The treatment plan included an interferential unit. The patient had received an unspecified number of the PT visits for this injury. The patient has had MRI of the lumbar spine on 6/9/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes and EMG of lower extremity in March 2014 that was normal. The medication list includes Naproxen, Tramadol, Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an interferential unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120 Interferential Current Stimulation (ICS).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "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". Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction". As per the records provided the patient is breast feeding so oral medications are less preferred due to its adverse effects. As per the cited guideline the IF unit is indicated when pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; The injured worker was diagnosed with cervical spine sprain/ strain, cervicgia, thoracic spine sprain/strain, thoracic pain myofascitis, low back pain syndrome and lumbar strain/sprain and sleep disturbance and the injured worker was breast feeding. According to progress note of May 4, 2015, the injured worker's chief complaint was neck and back pain. Radicular pain was in the right thigh and left foot. The physical exam noted cervical compression left greater right. The left shoulder depression test was positive to the whole left. The Kemp's test was positive bilaterally, left greater than the right. The straight leg testing was positive on the left at 28 degrees and the right at 35 degrees. The patient has had MRI of the lumbar spine on 6/9/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient had significant objective findings and she is breast feeding so it is more safe and prudent that she uses non pharmacological methods of pain control for now. The request for Purchase of an interferential unit is medically necessary and appropriate for this patient at this time.