

Case Number:	CM15-0132088		
Date Assigned:	07/20/2015	Date of Injury:	02/14/2003
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
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: California, North Carolina
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 is a 57 year old female who sustained an industrial injury on February 14, 2003. She has reported injury to the left knee and has been diagnosed with pain disorder with both psychological factors and an orthopedic condition, extremity pain, sacroiliac pain, shoulder pain, spinal lumbar degenerative disc disease, low back pain, spasm of muscle, and radiculopathy. Treatment has included medications, medical imaging, and injections. Cervical range of motion was restricted. On examination of the paravertebral muscles, spasm, tenderness, and tight muscle band was noted on both sides. Tenderness was noted of the cervical spine. Range of motion was restricted to the lumbar spine. There was a brace on the left knee. On palpation tenderness was noted in the biceps groove. Movements were restricted due to pain. There was tenderness to palpation noted over the lateral epicondyle. The treatment request included Care IFC plus unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Care IFC plus Unit for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Pain Stimulator (ICS) Page(s): 118-120.

Decision rationale: MTUS Guidelines state that ICS is not recommended as an isolated intervention. It may be considered if control of pain with medication is ineffective or there is a history of substance abuse. This patient is stable on her current medications and there is no history of abuse. Although subjective improvement was noted with previous use of ICS, there is no significant objective evidence of functional improvement including reduction in medication or return to work. The request is not medically necessary.