MAXIMUS Federal Services

Case Number:	CM15-0136080		
Date Assigned:	07/24/2015	Date of Injury:	02/28/2013
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 35-year-old male, who sustained an industrial injury on February 28, 2013. The mechanism of injury is unknown. The injured worker was currently diagnosed as having cervical IVD disorder with myelopathy, knee arthroscopic surgery, rotator cuff syndrome shoulder, other specified disorders of bursae and tendons in shoulder region, lumbar IVD disorder with myelopathy and sciatica. Treatment to date has included diagnostic studies, physical therapy, injection, surgery and medications. His injection and physical therapy were noted to not help him much. On July 31, 2015, the injured worker complained of left anterior knee, cervical, right posterior shoulder, upper thoracic, left upper extremity, right upper extremity and lumbar pain. He rated his pain as a 9 on a 1-10 pain scale. He also complained of anxiety, stress and insomnia. Medication and rest were noted to help him feel better. His symptoms are made worse by bending, driving, climbing, lifting, lying, pulling, pushing, reaching, sitting, standing, turning and walking. The treatment plan included epidural injections, open MRI of the cervical spine, physical therapy two times a week for three weeks, home health care six hours a day for five days a week, medication and a follow-up visit. On June 12, 2015, Utilization Review non-certified the request for one month rental of Interferential Unit, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month rental of interferential unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is for a one-month trial of the device and the injured worker has not had success with medications and other conservative treatments, therefore, the request for 1-month rental of interferential unit is determined to be medically necessary.