

Case Number:	CM15-0164243		
Date Assigned:	09/01/2015	Date of Injury:	04/10/2015
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 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:

This 36 year old man sustained an industrial injury on 4-10-2015. The mechanism of injury is not detailed. Evaluations include undated lumbar and thoracic spine x-rays. Diagnoses include cervical myospasm, cervical radiculopathy, cervical spine sprain-strain, lumbar myospasm, lumbar sprain-strain, and right knee sprain-strain. Treatment has included oral medications and acupuncture. Physician notes on a PR-2 dated 6-3-2015 show complaints of cervical spine pain, lumbar spine pain, and right knee pain rated 1 out of 10. Recommendations include physical therapy, interferential unit rental for 5 months, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for five months rental, with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 116-118.

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

Decision rationale: The request for ICS is considered not medically necessary. The patient does not meet selection criteria. He is not documented to have failed all conservative therapy. There is no documentation that his pain was not controlled by medications or he suffered side effects that would prevent him from continuing medications. A one-month trial of ICS that demonstrated increased functional improvement and less pain, with evidence of medication reduction would be necessary before prescribing 5 months of treatment. Therefore, the request is not medically necessary.