

Case Number:	CM15-0169313		
Date Assigned:	09/10/2015	Date of Injury:	12/10/2012
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 52-year-old female, who sustained an industrial injury on December 10, 2012. She reported neck pain, low back pain and headaches.. The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain, lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis, history of closed head trauma and urologic complaints. Treatment included physical therapy, medication, acupuncture, chiropractic care and home exercise. She was offered injection therapy but declined. Many of the treatment interventions were reported to lead to transient benefit but the pain usually returned to baseline within two to three days. On June 10, 2015, the injured worker complained of back pain with radiation down her right leg. On August 11, 2015, utilization review denied a request for an interferential unit purchase and supplies for lumbar spine, lead wires, electrodes, batteries and wipes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase IF unit and supplies for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS).

Decision rationale: According to MTUS, 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. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. This therapy is possibly appropriate for: pain ineffectively controlled due to diminished effectiveness of medications, significant pain from post-operative conditions limiting the ability to perform exercise programs or physical therapy (PT), or unresponsive to conservative treatment. The process involves paired electrodes of two independent circuits carrying differing medium frequency alternating currents so that current flowing between each pair intersects at the underlying target. ICS works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). In this case, there is no documentation of inability to perform the exercise program or PT. Medical necessity for the requested unit with supplies has not been established. The purchase of requested unit is not medically necessary.

Lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS).

Decision rationale: The requested Interferential Current Stimulation (ICS) device is not considered medically necessary. Therefore, the requested lead wires are not medically necessary.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS).

Decision rationale: The requested Interferential Current Stimulation (ICS) device is not considered medically necessary. Therefore, the requested electrodes are not medically necessary.

Batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS).

Decision rationale: The requested Interferential Current Stimulation (ICS)device is not considered medically necessary. Therefore, the requested batteries are not medically necessary.

Wipes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS).

Decision rationale: The requested Interferential Current Stimulation (ICS) device is not considered medically necessary. Therefore, the requested wipes are not medically necessary.