

Case Number:	CM15-0184985		
Date Assigned:	09/25/2015	Date of Injury:	07/31/2014
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: Colorado

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 63 year old male, who sustained an industrial injury on July 30, 2014. He reported cervical pain. The injured worker was diagnosed as having cervicgia, hypertension and cervical surgery April 2015. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, medications, physical therapy, and work restrictions. Currently, the injured worker continues to report headaches, neck pain and upper back pain. Urinary drug screen on January 16, 2015, revealed findings inconsistent with expectations. Evaluation on May 13, 2015, revealed a clean surgical wound. It was noted he was 2 weeks post-operative, and continued with restricted cervical range of motion. Work restrictions were continued. Evaluation on August 10, 2015, revealed no change since the last examination on June 29, 2015. He reported constipation, depression, sleep disruptions and sexual problems. Medications including Ultram and Voltaren gel were continued and a cervical pillow was recommended. Physical therapy and acupuncture were discussed as possible future treatments. The RFA included requests for IF Unit with Supplies, Electrodes, Batteries, Adhesive Wipes, Lead Wire for Purchase for the Neck/Cervical Spine and was non-certified on the utilization review (UR) on August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit with Supplies, Electrodes, Batteries, Adhesive Wipes, Lead Wire for Purchase for the Neck/Cervical 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 rationale: Per the guidelines, Interferential current stimulation (IF unit) is Not recommended as an isolated intervention. There is no evidence-based support for the use of this intervention except in conjunction with return to work, exercises and medications, and only then when those modalities are not effective alone. Regarding Interferential current stimulation: "The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." Because no standardized protocols exist for the use of interferential therapy, the therapy and effectiveness may be inconsistent, according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. While interferential stimulation is not recommend as an isolated therapy, if it is to be used, criteria that could be employed to select appropriate patients are as follows:- 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.). Even if patient meets the above criteria, the patient would only be considered appropriate if also has documented improvement with a trial of the IF unit when applied / directed by a physical medicine provider. If patient has had a successful provider-directed trial and meets criteria otherwise, then a one month trial may be considered. To be considered a successful trial period, the patient should have improved function, less pain, and decreased requirement for medications. Rental of units is recommended for 30 day trial of use. Per the records available for review, there is no documentation that patient has had a trial of interferential current stimulation under provider direction. Furthermore, no information was supplied that indicated patient had failed all conservative measures (still in physical therapy and refused acupuncture), to be considered for interferential current stimulation therapy. There are also no records that indicate why and how patient is to use the IF unit requested. Therefore, the request for IF unit purchase or rental is not medically necessary.