MAXIMUS Federal Services

Case Number:	CM15-0189279		
Date Assigned:	10/01/2015	Date of Injury:	11/21/2013
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California
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 60 year old male with an industrial injury dated 11-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous sprain and strain, myofascial pain syndrome, multilevel spondylosis, right upper extremity radiculitis with findings of two to three millimeter disc protrusion, status post fall with head trauma-contusion, post-concussion syndrome, post traumatic vestibular dysfunction, blurred vision, aggravated diabetes mellitus, left thigh contusion, left knee sprain and strain, flare up and asymptomatic rule out internal derangement, and patellar tendinitis. According to the progress note dated 08-31-2015, the injured worker reported neck pain with numbness and tingling with radiation to bilateral upper extremities. The injured worker continues to use traction. Objective findings (08-31-2015) revealed increased weight in the right leg with stance gait, tenderness to palpitation over the left medial and lateral joint and patellofemoral joint, crepitus, positive McMurray's test, muscle weakness of the left knee, decrease in cervical lordotic curvature, tenderness to palpitation over bilateral cervical paravertebral musculature and trapezius muscles, positive axial compression test, and decreased cervical range of motion. Treatment has included diagnostic studies, prescribed medications, 12 sessions of physical therapy, home cervical traction unit, and periodic follow up visits. The treatment plan included review of diagnostic ultrasound study, home exercise program, continuation of home cervical traction unit and follow up visit. The treating physician prescribed services for one (1) interferential unit. The utilization review dated 09-17-2015, non-certified the request for one (1) interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) interferential unit: 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: According to the guidelines an IF unit 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. 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. In this case, the length of use or failure of other electrocutaneous modalities was not noted. The claimant has already undergone numerous other interventions without significant benefit. The request for the IF unit is not medically necessary.