

Case Number:	CM15-0192277		
Date Assigned:	10/06/2015	Date of Injury:	01/28/2008
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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 47 year old female, who sustained an industrial injury on 1-28-08. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical spine sprain and strain. Treatment to date has included physical therapy, a home exercise program, use of an electrical stimulation unit, and medication including Voltaren gel. The injured worker had been using an electrical stimulation unit since at least June 2012. On 8-23-15, the injured worker complained of cervical spine tenderness. On 8-28-15, the treating physician requested authorization for replacement of an old interferential unit. On 9-21-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of old 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, there is mention of use of an IF unit with the use of exercise. However, the claimant had been on the electrotherapy for several years. Long-term use is not indicated. In addition, there is no mention of length of future use or response to prior use. The IF unit is not medically necessary.