

Case Number:	CM15-0192549		
Date Assigned:	10/06/2015	Date of Injury:	10/09/2014
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female who sustained an industrial injury on October 09, 2014. A recent primary treating office visit dated August 31, 2105 reported subjective complaint of: "bilateral shoulders, cervical spine and lumbar spine with pain." The plan of care is noted with recommendation for a interferential unit 30-60 day rental and purchase if effective. She is to start authorized physical therapy session, and urine toxicology screening. Follow up dated May 2015 reported "neck and low back pains." She reports having participated in 6 sessions of physical therapy "with temporary benefit noted." She is currently attending acupuncture with "temporary relief." Occupational follow up dated April 10, 2015 reported the following diagnoses applied to the visit: sciatica, lumbar sprain, bilateral; cervicgia, strain of thoracic region and displacement of cervical intervertebral. Treatment modality completed included: activity modification, medication, ice application, TENS unit, home exercises, therapy, and acupuncture. On September 08, 2015 a request was made for 30-60 day rental of interferential unit and possible purchase if noted benefit that was non-certified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Interferential Current Stimulation (ICS).

Decision rationale: The medical records indicate the patient is still having ongoing neck and low back pain. The current request for consideration is Interferential unit for purchase. The attending physician recommends the use of ICS in hopes of reducing the patient need for medications. The CA MTUS does not recommend ICS 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. 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. Unresponsive to conservative measures. (e.g., repositioning, heat/ice, etc.) Programs/physical therapy treatment; or; If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case, the medical records do not establish that the criteria necessary for ICS have been met. Furthermore, if the criteria had been met than the guidelines recommend a one month trial to determine the benefits. The current request is not consistent with guidelines and therefore is not medically necessary.

Interferential unit 30-60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Interferential Current Stimulation (ICS).

Decision rationale: The medical records indicate the patient is still having ongoing neck and low back pain. The current request for consideration is for interferential unit 30-60 day rental. The attending physician recommends the use of ICS in hopes of reducing the patient need for medications. The CA MTUS does not recommend ICS 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. 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. Unresponsive to conservative measures. (e.g., repositioning, heat/ice, etc.) Programs/physical therapy treatment; or; If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case, the medical records do not establish that the criteria necessary for ICS have been met. Furthermore, if the criteria had been met than the guidelines recommend a one month trial to determine the benefits. The current request exceeds the guidelines which allow for a 30 day rental period to determine if ICS is beneficial. As such, the medical records do not establish medical necessity.