

Case Number:	CM15-0201905		
Date Assigned:	10/16/2015	Date of Injury:	08/21/2012
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 8-21-12. Documentation indicated that the injured worker was receiving treatment for cervical disc displacement without myelopathy, cervical spine stenosis, brachial neuritis and chronic pain syndrome. The injured worker underwent cervical discectomy and fusion at C4-5, C5-6 and C6-7 on 9-1-15. In a PR'2 dated 9-21-15, subjective complaints were documented as "neck pain". Physical exam was remarkable for cervical spine wound "clean" and "decreased" cervical spine range of motion. The physician noted that x-rays showed good position of hardware. The treatment plan included no non-steroidal anti-inflammatory medications and gentle range of motion exercises. The physician was requesting an interferential unit for the cervical spine. On 9-24-15, Utilization Review noncertified a request for MEDS 4 IF (Interferential) unit with garment - cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 IF (Interferential) unit with garment- cervical: 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: The claimant sustained a work injury in August 2012 when she was assisting an obese patient and underwent a multilevel anterior cervical decompression and fusion on 09/01/15. She was seen for post-operative follow-up on 09/21/15. She had neck pain. Physical examination findings included decreased cervical range of motion. An x-ray showed expected post-operative findings. A MEDS-4 unit with garment was requested. The requested MEDS-4 unit provides a combination of interferential stimulation and neuromuscular electrical stimulation. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. A garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. A neuromuscular electrical stimulation device can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries and this claimant is status post a cervical fusion. Providing the requested combination unit is not medically necessary.