

Case Number:	CM15-0207396		
Date Assigned:	10/26/2015	Date of Injury:	02/25/2013
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury on 2-25-13. The injured worker was diagnosed as having cervical spine sprain and strain, degenerative disc disease with partial congenital fusion at C5-6, lumbar spine sprain and strain, and bilateral sacroiliac joint sprain. Treatment to date has included TENS, chiropractic treatment, physical therapy, and medication including Robaxin, Tylenol with Codeine and Diclofenac. On 6-8-15 the treating physician noted "he still has difficulties with bathing himself and opening jars. He has difficulties also with lifting above his head or lifting objects that are moderate to heavy weight." On 8-18-15 physical exam findings included decreased cervical range of motion with trapezius spasm. On 8-18-15, the injured worker complained of neck pain and low back pain. On 8-18-15 the treating physician requested authorization for purchase of an interferential bone unit for the cervical spine. On 10-2-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential bone unit 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): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. The request for purchase of Interferential bone unit cervical spine is determined to not be medically necessary.