

Case Number:	CM15-0209543		
Date Assigned:	10/28/2015	Date of Injury:	03/16/2005
Decision Date:	12/09/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/23/2015

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: Emergency 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 57 year old female, who sustained an industrial injury on 3-16-05. The documentation on 2-2-15 noted that the injured worker has complaints of neck pain, bilateral shoulder pain, numbness from the right side of her chest down to the right lower extremity, difficulty sleeping, anxiety, depression and loss of appetite. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included cervical spine surgeries including anterior cervical interbody fusion with anterior plate from C4 through C6 on 1-20-07 and anterior cervical corpectomy at C3 through C7 with fusion, discectomy, foraminotomy and hardware removal performed on 10-8-07. The original utilization review (10-1-15) non-certified the request for one month rental interferential (IF) stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental interferential (IF) stimulation 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): Electrical stimulators (E-stim).

Decision rationale: The requested one-month rental interferential (IF) stimulation unit is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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 programs/physical therapy treatment; or: Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has complaints of neck pain, bilateral shoulder pain, numbness from the right side of her chest down to the right lower extremity, difficulty sleeping, anxiety, depression and loss of appetite. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, one-month rental interferential (IF) stimulation unit is not medically necessary.