

Case Number:	CM15-0020682		
Date Assigned:	02/10/2015	Date of Injury:	02/21/2009
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 47 year old male, who sustained an industrial injury on 7/24/10. He has reported shoulder and back injury. The diagnoses have included cervical spine sprain/strain, thoracic/lumbar sprain/strain and degenerative joint disease. Treatment to date has included oral medications, lumbar epidural steroid injection, chiropractic treatment, interferential unit and physical therapy. (MRI) magnetic resonance imaging of shoulder previously completed revealed degenerative joint disease at the acromioclavicular joint and a questionable labral tear at the anterior aspect of the shoulder. Currently, the injured worker complains of worsening pain. On physical exam dated 12/7/14 tenderness of cervical and lumbar paraspinals with spasm is noted, with decreased range of motion of cervical area. On 1/14/15 Utilization Review non-certified interferential home unit, noting the lack of evidence of neuropathic pain. The MTUS, ACOEM Guidelines, was cited. On 1/28/15, the injured worker submitted an application for IMR for review of interferential home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Home Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with chronic neck pain and low back pain. The current request is for INTERFERENTIAL HOME UNIT PURCHASE. For Interferential Current Stimulation (ICS), the MTUS guidelines, pages 118 - 120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The reports show the requested treatment is not intended as an isolated intervention as the patient has been prescribed medications, including Norco and fexmid. There is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. Therefore, the requested interferential unit IS NOT medically necessary.