

Case Number:	CM15-0028383		
Date Assigned:	02/20/2015	Date of Injury:	05/02/2013
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old male patient, who sustained an industrial injury on 5/2/2013. He sustained the injury while lifting a 150 pound header, a wooden piece broke off and flying and hitting his left eye. The current diagnoses include herniated cervical disc C5-6 and cervical radiculitis/radiculopathy. Per the doctor's note dated 12/29/14, he had complains of pain in the cervical spine at 6-7/10. The physical examination of the cervical spine revealed positive Spurling's test bilaterally and positive foramina compression test; range of motion: forward flexion 45 degrees, extension 55 degrees, right rotation 55 degrees, left rotation 50 degrees, and bilateral bending 25 degrees. He has been using an IF unit. The current medications list includes anaprox, prilosec, ultram and flexeril. His surgical history includes bilateral knee surgeries, tail bone cyst removal surgery. He has had cervical MRI. Treatment to date has included medications, home cervical traction kit, chiropractic, and TENS unit. The treating physician is requesting Interferential unit, which is now under review. On 1/23/2015, Utilization Review had non-certified a request for Interferential unit. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request: Interferential unit Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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". Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- 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.).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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There is no evidence of failure of conservative measures like physical therapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of an Interferential unit is not fully established for this patient at this juncture.