

Case Number:	CM15-0028528		
Date Assigned:	02/20/2015	Date of Injury:	09/11/2009
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/16/2015

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: New York, West Virginia, Pennsylvania
 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 45 year old female, who sustained an industrial injury on 9/11/2009. The diagnoses have included bilateral carpal tunnel syndrome, headaches, chronic pain, cervical disc degeneration, cervical facet arthropathy cervical radiculopathy, status-post cervical spinal fusion and possible ulcerative colitis. Treatment to date has included magnetic resonance imaging (MRI), EMG (electromyography)/NCS (nerve conduction studies), urinalysis, medications, cervical epidural steroid injections, inferential current stimulation (IF unit) and modified activity. She is status-post anterior discectomy and fusion (4/20/2014). Currently, the IW complains of neck pain with radiation down the bilateral upper extremities and low back pain with radiation down the lower extremities. She reports upper extremity pain in the elbows, fingers, hands, shoulders and wrists. Pain is rated as 8/10 with medications and 10/10 without medications. Objective findings included cervical and lumbar spine tenderness and spasm with limited range of motion and tenderness to the bilateral wrists with positive Tinel's sign. On 1/20/2015, Utilization Review non-certified a request for continue use of IF unit noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/16/2015, the injured worker submitted an application for IMR for review of continue use of IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue use IF Unit QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120 and 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Guidelines do not recommend interferential unit as a primary intervention but may be used as an adjunct to a functional restoration program if conventional medical therapy has failed. In this case, there is no evidence that other pain modalities have been tried and failed. In addition a month trial of the IF unit should be documented with how often the unit was used as well as outcomes in terms of pain relief in order to justify continued use. In this case, there is a lack of documentation regarding the efficacy of the IF unit in this patient. Thus, the request for continued IF unit is not medically necessary and appropriate.