

Case Number:	CM15-0029164		
Date Assigned:	02/23/2015	Date of Injury:	06/01/2005
Decision Date:	04/02/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey
 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:

The injured worker is a 51 year old female who sustained an industrial injury on 06/01/2005. Current diagnoses include headaches, chronic neck pain, status post surgery at the right and left wrist for carpal tunnel syndrome and arthrodesis for Kienbock's disease, psychiatric complaints, and insomnia. Previous treatments included medication management, home exercise program, home electrical stimulation unit, multiple surgeries, acupuncture. Report dated 01/26/2015 noted that the injured worker presented with complaints that included neck and shoulder pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/11/2015 non-certified a prescription for purchase of interferential stimulator unit and supplies, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Stimulator Unit and Supplies: 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: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, the documentation provided suggested that she had been using an interferential stimulator unit for an undisclosed amount of time (presumably a rental) and was experiencing some undefined or measurable benefits, which led to the request for a purchase of the same device. However, there was insufficient detail provided on how the trial of ICS unit was improving the worker's function and lowering her pain, and by how much, which would be required before considering a purchase for chronic use. Therefore, the purchase of interferential stimulator unit and supplies will be considered medically unnecessary until this documentation of evidence of benefit is provided for review.