MAXIMUS Federal Services

Case Number:	CM15-0211172		
Date Assigned:	10/30/2015	Date of Injury:	05/07/2015
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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, Tennessee
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 49-year-old female who sustained an industrial injury on 5-2-2015 and has been treated for cervical sprain, lumbar sprain with radiculitis, bilateral shoulder sprain, bilateral shoulder and wrist sprain, carpal tunnel syndrome. MRIs dated 9-10-2015 showed disc herniation at L5-S1, and C4-C5. She also is diagnosed with bilateral elbow epicondylitis and effusion. On 10-2-2015, the injured worker reported constant low, mid, and upper back pain rated 3 out of 10. Upper back pain was noted as radiating into both shoulders. Pain was characterized as numbness, tingling, pulsing, burning, and cramping, and radiated to both hands to the fingers with numbness, tingling and burning. Low back pain was constant and radiating to both lower extremities with 1 out of 10 pain characterized as sharp and burning. She also complained of bilateral arm and foot pain. All were noted to be improved with rest and ibuprofen. Objective findings include cervical and thoracic tenderness to palpation with spasms and limited range of motion "secondary to pain"; positive sitting root and straight leg raise; shoulder tenderness with palpation; negative cubital Tenel's; and positive carpal Tenel's, and Phalen's bilaterally, and Finkelstein's on the right. Documented treatment includes extracorporeal shockwave treatment, trigger point impedance imaging, physical therapy, acupuncture, unspecified injections and medication. The treating physician's plan of care includes a TENS-Multi-Stim Unit-inferential unit, which was denied on 10-19-2015. Current work status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential 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): Transcutaneous electrotherapy.

Decision rationale: 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. If criteria for ICS use are met, then a one-month trial is appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case, the patient is still receiving conservative treatment and is receiving physical therapy. In addition, there is no documentation that the patient has had a successful one-month trial with a ICS unit. Conditions for ICS treatment have not been met. The request is not medically necessary and should not be authorized.