

Case Number:	CM15-0217893		
Date Assigned:	11/09/2015	Date of Injury:	11/02/2008
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on 11-2-2008. The injured worker is undergoing treatment for: pain to the neck, sacroiliac spine, lumbar spine, thoracic spine, and bilateral shoulders. On 10/21/15, he reported pain to the neck, bilateral sacroiliac, upper thoracic, bilateral lumbar, bilateral buttock, bilateral pelvis, and bilateral shoulders. He rated his pain 7 out of 10 current, at worst 8 and at best 6. He also reported numbness and tingling in the right upper extremity from shoulder down to hand, and right lower extremity into the foot, and right buttock and pelvis and right hip pain. Objective findings revealed scar from cervical fusion, decreased neck range of motion, tenderness in the neck, thoracic, lumbar sacroiliac, bilateral buttocks, bilateral pelvis, bilateral lower extremities, and right anterior shoulder, decreased right shoulder range of motion, positive impingement, decreased lumbar range of motion, positive kemp's and minors sign, positive codman's to bilateral shoulders. The records are unclear regarding a trial of interferential stimulator. The treatment and diagnostic testing to date has included: medications, rest, neck surgery (date unclear), MRI of the right shoulder (6-25-15). Medications have included: Prilosec, Lidoderm patches, naproxen, and tramadol. Current work status: temporarily totally disabled. The request for authorization is for: interferential stimulator 2 channel purchase. The UR dated 10-28-2015: non-certified the request for purchase of interferential stimulator 2 channel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec Interferential (IF) sequential stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit (IF).

Decision rationale: Pursuant to the Official Disability Guidelines, Interspec Interferential unit (IF) sequential stimulator is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are incomplete rotator cuff tear/rupture of unspecified shoulder, not trauma; cervical disc disorder with myelopathy; intervertebral disc disorder with myelopathy lumbar region; fusion of spine cervical region and fusion of spine lumbar region. The date of injury is November 2, 2008. Request for authorization is October 27, 2015. There is no documentation in the medical record from the requesting provider. There is no documentation with a clinical discussion, indication or rationale for the Interspec Interferential unit (IF) sequential stimulator. According to a progress note IV non-requesting provider (an initial orthopedic evaluation) dated October 21, 2015, subjective complaints include neck, upper and lower back complaints. There is no clinical discussion, indication or rationale for the specified IRS unit. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider and no clinical discussion, indication or rationale for an IF unit, Interspec Interferential unit (IF) sequential stimulator is not medically necessary.