

Case Number:	CM15-0217894		
Date Assigned:	11/09/2015	Date of Injury:	10/16/2010
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
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 31 year old female, who sustained an industrial injury on 10-16-2010. Medical records indicate the worker is undergoing treatment for cervical and thoracic sprain-strain, herniated cervical disc, lumbar sprain-strain and lumbar herniated disc with radiculitis-radiculopathy. A recent progress report dated 9-3-2015, reported the injured worker complained of cervical pain, thoracic pain and low back pain rated 8 out of 10. Physical examination revealed cervical and trapezial tightness and spasm, lumbar facet tenderness at lumbar 3-5 and positive straight leg raise test. Treatment to date has included physical therapy and medication management. On 9-3-2015, the Request for Authorization requested an Interferential unit. On 10-7-2015, the Utilization Review non-certified the request for an Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, Interferential unit (IF) 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 cervical spine sprain strain, radiculitis/radiculopathy; lumbar spine sprain strain radiculitis/radiculopathy; and thoracic spine sprain strain. Date of injury is October 16, 2010. Request for authorization is October 2, 2015. According to an October 3, 2015 progress note, subjective complaints include thoracic, lumbar and cervical spine pain with headache and numbness and tingling in the extremities. Pain score is 8/10. Objectively, there is decreased range of motion at the cervical, thoracic and lumbar spine. There is tenderness with spasm in the cervical paraspinal muscles. The treatment plan indicates an IF unit was prescribed for home use 30 minutes a day, three times per day for 60 days. There is no documentation of a one-month IF trial. The location for application is not specified in the medical record. There is no documentation of concurrent physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a one month clinical IF trial, no documentation indicating the area to be treated and no concurrent physical therapy, interferential unit (IF) is not medically necessary.