

Case Number:	CM15-0032399		
Date Assigned:	02/25/2015	Date of Injury:	03/03/2014
Decision Date:	10/29/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 47 year old female who sustained an industrial injury on 03/03/2014. The injured worker was diagnosed as having Cervical radiculopathy, Cervical sprain-strain, Lumbar radiculopathy, Lumbar sprain-strain, Anxiety and depression. Treatment to date has included medications, and diagnostic imaging. In the provider notes of 01-27-2015 the injured worker complained of intermittent moderate sharp low back pain and stiffness with numbness and tingling rated a 7 on a scale of 0-10 and associated with prolonged sitting, prolonged standing and prolonged walking. She complained of moderate sharp neck pain and stiffness with numbness, associated with change in temperature, prolonged looking up and prolonged looking down that she rated as a 5 on a scale of 0-10. The worker also has bilateral upper extremity pain rated a 5 on a scale of 0-10 that increased with pushing, pulling and lifting, and bilateral wrist pain with numbness, and weakness of hands and fingers that she rated as a 4 on a scale of 0-10. The worker also suffers from depression and anxiety. Objectively, the worker has decreased range of motion in the cervical spine in all planes, tenderness to palpation of the bilateral upper trapezii and cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. Shoulder depression causes pain. The lumbar spine has decreased range of motion in all planes. There is tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, and straight leg raise causes pain. The plan of care was for a MRI of the cervical spine, lumbar spine, shoulders and wrists, a nerve conduction velocity electromyogram of the bilateral upper and lower extremities, physical therapy and acupuncture, a psych evaluation, and an interferential unit. A request for authorization was submitted for Durable medical equipment: Interferential Unit. A utilization review decision 02-05-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Interferential Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: IF (Interferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. The MTUS also suggests use of this modality when pain is ineffectively controlled by medications, or pain medication has side effects preventing effectiveness, or there is a history of substance abuse or the patient has been unresponsive to other conservative treatments. This request for use on an IF unit in this patient is not during the immediate post-surgical period although the patient continues to be symptomatic despite prior treatment and use of an IF unit is in conjunction with other therapies (medication, physical therapy and acupuncture). This meets the criteria required for its use. Thus, medical necessity for a trial of this therapy has been established and the request is medically necessary.