

Case Number:	CM15-0040508		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on September 8, 2014. She reported neck and shoulder injury after an elevator abruptly stopped, causing her to fall. The injured worker was diagnosed as having neck muscle strain, and right trapezius strain. Treatment to date has included medications, imaging, physical therapy, and modified work duty. On October 8, 2014, x-rays of the cervical spine reveal mild C6-C7 spondylosis. On February 16, 2015, she reports intermittent neck pain, numbness, tingling and headaches, constant right shoulder pain with weakness, intermittent left shoulder pain with weakness, intermittent bilateral knee pain and no radiation, and intermittent back pain with numbness in the anal area when wiping, and bowel incontinence. She indicates physical therapy makes her back pain worse. She rates her back pain as 5/10, left knee pain is 2/10, right knee pain 4/10, left shoulder pain 2/10, right shoulder pain 5/10, and neck pain 5/10. Physical findings for the neck are range of motion flexion 30 degrees, extension 40 degrees, and lateral tilting 25 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies for cervical spine; unknown purchase or rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulants (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with neck pain radiating to shoulder and back pain radiating to lower extremities. The request is for IF UNIT AND SUPPLIES FOR CERVICAL SPINE; UNKNOWN PURCHASE OR RENTAL. The request for authorization is dated 02/16/15. X-ray of the cervical spine, 10/08/14 shows mild C6-C7 spondylosis. Physical therapy was initiated for one session per week for two weeks. Patient's medications include Tramadol, Nalfon, Protonix, Flexeril, Trazodone, Ibuprofen and Motrin. The patient is working modified duty. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Treater does not provide reason for the request. Treater does not mention whether the request is for rental or purchase. However, MTUS supports 30-day trial before an IF unit is recommended. A successful trial with pain reduction and functional improvement is required, if indicated. Therefore, given that the patient has not trialed a 30-day use, the request IS NOT medically necessary.