

Case Number:	CM15-0040848		
Date Assigned:	03/11/2015	Date of Injury:	12/22/2010
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 21 year old female, who sustained an industrial injury on 12/22/2010. Initial complaints and diagnoses were not provided. Treatment to date has included conservative therapy/treatments, medications, MRI of the cervical spine (10/21/2013), and steroid injection to the cervical spine. Currently, the injured worker complains of worsening neck pain and left wrist pain. Current diagnoses included cervical spine strain/sprain, cervical facet syndrome, mass to the left wrist, and sleep disturbance. Treatment plan included TENS (Transcutaneous Electrical Nerve Stimulation) therapy (purchase and supplies), and follow up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avid Interferential unit for cervical spine, one (1) month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential current stimulation (ICS).

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

Decision rationale: This patient has a date of injury of 12/22/10 and presents with exacerbation of neck pain that radiates into the upper extremities. The patient diagnoses are cervical sprain/strain, cervical facet syndrome and sleep disturbance. The Request for Authorization is not provided in the medical file. The current request is for AVID INTERFERENTIAL UNIT FOR CERVICAL SPINE, ONE 1 MONTH RENTAL. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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. These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures." The Utilization review denied the request stating that "the patient does not have documented failure of non operative treatments to meet guidelines." In this case, the patient continues to report 'severe' pain. The patient was noted to have recently undergone an epidural injection and continues with significant pain. It appears that the patient has failed conservative measures and a one month trial of an interferential unit is in accordance with MTUS guidelines. However, MTUS states: "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." The patient is currently working but there is no discussion regarding exercise and no documentation of medication intake. The patient does not meet the criteria as set for by MTUS. This request IS NOT medically necessary.

Electrodes #4 packs: Upheld

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

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

Decision rationale: This patient has a date of injury of 12/22/10 and presents with exacerbation of neck pain that radiates into the upper extremities. The patient diagnoses are cervical sprain/strain, cervical facet syndrome and sleep disturbance. The Request for Authorization is not provided in the medical file. The current request is for ELECTROBES #4 PACKS. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to

conservative measures." The patient does not meet the criteria as set for by MTUS for the use of an Interferential unit; therefore the requested supplies ARE NOT medically necessary.

Power pack #12: Upheld

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

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

Decision rationale: This patient has a date of injury of 12/22/10 and presents with exacerbation of neck pain that radiates into the upper extremities. The patient diagnoses are cervical sprain/strain, cervical facet syndrome and sleep disturbance. The Request for Authorization is not provided in the medical file. The current request is for POWER PACK #12. Regarding Interferential Current Stimulation, the MTUS guidelines, pages 118 - 120, states: "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." These devices are recommended in cases where 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures." The patient does not meet the criteria as set for by MTUS for the use of an Interferential unit; therefore the requested supplies ARE NOT medically necessary.