

Case Number:	CM15-0041657		
Date Assigned:	03/11/2015	Date of Injury:	09/29/2014
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 36 year old female, who sustained an industrial injury on 9/29/2014. Currently she reports burning, achy and radiating neck pain, increased with activity, and bilateral forearm pain with radiating numbness (no pain). The injured worker has been diagnosed with, and/or impressions were noted to include: cervical strain/sprain and myofascial pain; cervical brachial myofascial pain syndrome/thoracic outlet syndrome; and chronic pain syndrome. Treatments to date have included consultations; an unremarkable diagnostic magnetic resonance imaging of the cervical spine (12/8/14); an unremarkable electromyogram (11/11/14); multiple and effective acupuncture and chiropractic treatments; modified work duties; and medication management. It is noted that she is currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit with garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): pp118-120.

Decision rationale: The request for ICS is considered not medically necessary. The patient does not meet selection criteria. She is not documented to have failed all conservative therapy. There is no documentation that her pain was not controlled by medications or he suffered side effects that would prevent him from continuing medications. A one-month trial of ICS that demonstrated increased functional improvement and less pain, with evidence of medication reduction would be necessary before prescribing an interferential unit with garment. Therefore, the request is considered not medically necessary.