MAXIMUS Federal Services

Case Number:	CM15-0043479		
Date Assigned:	03/13/2015	Date of Injury:	08/19/2004
Decision Date:	04/16/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
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 female, who sustained an industrial injury on August 19, 2004. She reported injury from a motor vehicle accident. The injured worker was diagnosed as having cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, chronic low back pain, headaches, and bilateral carpal tunnel syndrome. Treatment to date has included cervical spine fusion, medications, and lumbar magnetic resonance imaging. On January 28, 2015, she reports continued neck and low back pain. The records indicate x-rays of the cervical spine reveal spondylolisthesis. Physical findings reveal tenderness and spasms in the lumbar region. The treatment plan includes continuing to request authorization for medical transportation to/from all appointments, trigger point injection, refill of Percocet 10/325, an interferential unit, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 118.

Decision rationale: According to the guidelines, an IF unit is 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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In this case, there was no mention of using the medication in conjunction with any work, exercise and medications. There is limited evidence for its use and the claimant had numerous interventions that have better evidence for functional benefit. The request for an IF unit is not medically necessary.