

Case Number:	CM15-0045281		
Date Assigned:	03/17/2015	Date of Injury:	08/12/2014
Decision Date:	04/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management

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 32 year old female who sustained an industrial injury on 08/12/2014. While performing her usual duties she was turning a patient pulling a sheet and the sheet gave way and her body was slammed up against the wall. She struck her head in a violent fashion. Diagnoses include heat contusion with post-concussion syndrome, right shoulder injury, thoracic strain, cervical strain, and rule out cervical disc herniation with radiculopathy. Treatment to date has included medications, physical therapy, and chiropractic sessions. A physician progress note dated 03/02/2015 documents the injured worker's pain is 9 out of 10 without medications, and 5 out of 10 with medications. She continues to have severe migraines. She complains of upper body pain, and neck pain that radiates to the right upper extremity. Tramadol helps with the pain. Muscle spasms are better with muscle relaxants, and the pain and inflammation are better with the anti-inflammatory. She is requesting something stronger for pain. Current treatment will include request for medications, a Magnetic Resonance Imaging and an Interferential Unit. Treatment requested is for 1 Interferential Unit for pain reduction and muscle education so as not to use stronger narcotic medication.

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyway include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.