

Case Number:	CM15-0045943		
Date Assigned:	03/18/2015	Date of Injury:	11/22/2013
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45-year-old female, who sustained a work/ industrial injury on 11/22/13. She has reported initial symptoms of neck, shoulder, and arm pain. The injured worker was diagnosed as having C4-5 and C5-6 disc extrusion/protrusion with right paracentral herniation with radiculopathy and radiculitis; right upper extremity radiculitis and radiculopathy. Treatments to date included conservative treatments and acupuncture. Magnetic Resonance Imaging (MRI) demonstrated C4-5 and C5-6 disc protrusions with kyphosis. Currently, the injured worker complains of neck pain that radiated to the left upper extremity with left arm and shoulder pain. The treating physician's progress report from 3/2/15 indicated, per exam, that there was pain with palpation to the cervical area to include C3-4, C4-5, and C5-6 area with spasms. There was decreased range of motion, motor strength of 5-/5 at the left brachioradialis, sensation diminished R>L in upper extremities, diminished deep tendon reflexes, Spurling's test was positive. Treatment plan included Interferential Stimulator rental 2-4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator rental 2-4 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. There is no 1 month trial documented. As such, current request for Interferential Stimulator rental 2-4 months is not medically necessary.