

Case Number:	CM15-0046050		
Date Assigned:	03/18/2015	Date of Injury:	03/29/2000
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
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: 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 was a 54 year old male, who sustained an industrial injury, March 29, 2000. The injured worker previously received the following treatments physical therapy, pelvis MRI, X-rays, toxicology laboratory studies, motorized wheel chair, Opine ER, Elavil, Nexium, Gabapentin, Baclofen, Docusate, Benazepril and Zofran. The injured worker was diagnosed with paraplegic of the lower extremities, mononeuritis of the lower extremity, neurogenic bladder, esophageal reflux, venous thrombosis and depressive disorder. According to progress note of January 28, 2015, the injured workers chief complaint was increased craniocervical pain/ occipital pain greater on the right side with radiation into the right more than the left eye. The injured worker has no pain in the paralyzed legs. The injured worker had aggravated lumbar pain, probably due to prolonged wheel chair use. The injured worker had cervical pain left trapezius and left shoulder pain. The physical examination noted tenderness of the cervical spine, shoulder, arms, elbows, wrists, and hands. The injured worker had tenderness of the thoracic and lumbar spine. The sensation was decreased dermatomal distribution at the upper and lower extremities. The treatment plan included IF Unit (interferential current stimulation unit), electrodes 10 packs and batteries on January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF units Page(s): 114-120.

Decision rationale: The patient presents with neck, bilateral arm, bilateral shoulder, bilateral elbow, bilateral wrists, and bilateral hand pain. The patient is paraplegic and uses a wheelchair for ambulation. The physician is requesting ONE INTERFERENTIAL UNIT. The RFA dated 02/09/2015 shows a request for an IF Unit. The patient's date of injury is from 03/29/2000 and he is currently permanently disabled. The MTUS guidelines page 114 to 120 on IF Units states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show a history of interferential unit use. None of the reports show a trial of an IF unit. In this case, the MTUS guidelines recommend a trial before a purchase. The current request IS NOT medically necessary.

1 Interferential electrodes 10 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 IF units Page(s): 114-120.

Decision rationale: The patient presents with neck, bilateral arm, bilateral shoulder, bilateral elbow, bilateral wrists, and bilateral hand pain. The patient is paraplegic and uses a wheelchair for ambulation. The physician is requesting ONE INTERFERENTIAL ELECTRODES 10 PACK. The RFA dated 02/09/2015 shows a request for an IF Unit. The patient's date of injury is from 03/29/2000 and he is currently permanently disabled. The MTUS guidelines page 114 to 120 on IF Units states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show a history of interferential unit use. None of the reports show a trial of an IF unit. In this case, given that the request for an interferential unit has been denied, the requests for interferential electrodes IS NOT medically necessary.

1 Interferential batteries x 10: 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 IF units Page(s): 114-120.

Decision rationale: The patient presents with neck, bilateral arm, bilateral shoulder, bilateral elbow, bilateral wrists, and bilateral hand pain. The patient is paraplegic and uses a wheelchair for ambulation. The physician is requesting ONE INTERFERENTIAL BATTERIES TIMES 10. The RFA dated 02/09/2015 shows a request for an IF Unit. The patient's date of injury is from 03/29/2000 and he is currently permanently disabled. The MTUS guidelines page 114 to 120 on IF Units states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show a history of interferential unit use. None of the reports show a trial of an IF unit. In this case, given that the request for an interferential unit has been denied the request for an interferential battery IS NOT medically necessary.