

Case Number:	CM15-0050511		
Date Assigned:	03/24/2015	Date of Injury:	06/05/2009
Decision Date:	05/07/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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, Texas
 Certification(s)/Specialty: Internal Medicine

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 49 year old female, who sustained an industrial injury on 6/05/2009. She reported a neck injury due to repetitive lifting. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, brachia neuritis or radiculitis, carpal tunnel syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included surgical (multi-level cervical spinal fusion surgery in 9/2014) and conservative measures, including diagnostics and medications. Cervical computerized tomography, dated 12/10/2014, was submitted. Currently, the injured worker complains of bilateral lumbar, right sacroiliac, right buttock, right posterior leg and knee, right calf, ankle and foot, left anterior wrist and hand, and bilateral cervical pain. Pain was currently rated 4/10, 6/10 at worst and 2/10 at best. Areas of numbness and tingling were reported in the upper and lower extremities and lumbar regions. Symptoms were improved with home exercise and pain medication. She reported noticeable anxiety and stress. Her cervical incision was well healed. Range of motion in the upper extremities was decreased. Muscle testing was improved from previous testing. Range of motion was also decreased in the cervical and lumbar spines. Current medication regime was not noted. The treatment plan included muscle relaxants, home interferential unit, pain management, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential stimulator (90 day rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-117.

Decision rationale: According to the MTUS, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Interferential Current Stimulation (ICS) 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. In this case, the patient is improving with conservative treatment including PT, pain management and muscle relaxants. The documentation doesn't show the patient is exercising or has returned to work. The use of IF unit is not medically necessary.