MAXIMUS Federal Services

Case Number:	CM15-0051181		
Date Assigned:	03/24/2015	Date of Injury:	05/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, 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:

This is a 61-year-old male patient who sustained an industrial injury on 5/11/14. The diagnoses include cervical spine stenosis, cervical radiculopathy and cervicalgia. He sustained the injury while lifting a tote. Per the doctor's note dated 12/3/2014, he had pain in the neck with radiation to the left upper extremity; right hip pain and low back pain. The physical examination revealed cervical spine- tenderness, spasm and positive foraminal compression test on the left; left shoulder- tenderness, spasm, crepitus and positive Neer, Abduction, Hawkin's and O'brien test, decreased range of motion; elbow- tenderness and spasm; lumbar spine- normal range of motion and weakness in lower extremities. The medications list includes meloxicam, vicodin and oxycodone. His surgical history includes gall bladder removal. He has had chiropractic treatments and physical therapy for this injury. He has had diagnostic studies including cervical MRI, CT scan and EMG/NCS. The plan of care was for a home traction unit and a follow up appointment at a later date

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit (purchased), electrodes, batteries, set-up and delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: IF unit (purchased), electrodes, batteries, set-up and delivery. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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." Per the cited guideline, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction."There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of IF unit (purchased), electrodes, batteries, set-up and delivery is not fully established for this patient at this juncture. The treatment is not medically necessary.

Home traction unit-neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Request: Home traction unit-neck, Per the ACOEM Guidelines cited, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." Therefore, there is no high grade scientific evidence to support the effectiveness of traction for neck injury. In addition, a detailed response to previous conservative therapy is not specified in the records provided. The medical necessity of Home traction unit-neck is not fully established for this patient. The treatment is not medically necessary.