

Case Number:	CM15-0053526		
Date Assigned:	03/27/2015	Date of Injury:	08/01/1999
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male, who sustained an industrial injury on August 1, 1999. He reported slipping and falling, falling straight on his tailbone, with complaints of migraines with achy arms and feet. The injured worker was diagnosed as having cervical sprain/strain and myofascial pain, status post cervical spine surgery with chronic pain and post laminectomy syndrome, cervicogenic headaches, lumbar sprain/strain and myofascial pain, status post lumbar spine surgery with chronic pain and post laminectomy syndrome, left lumbosacral radiculitis, chronic pain syndrome, and compression fracture of T11-chronic. Treatment to date has included x-rays, lumbar spine MRI, electromyography (EMG)/nerve conduction velocity (NCV), neck surgery 2005, low back surgery in 2012, and medication. Currently, the injured worker complains of low back pain, constant neck pain with radiating pain and migraines, and headaches. The Treating Physician's examination dated February 9, 2015, noted the cervical spine examination showed diffuse tenderness to palpation and decreased range of motion (ROM) about 50% without evidence of deficit in strength or stability. The lumbar spine examination was noted to show diffuse tenderness to palpation in the lumbopelvic region with decreased range of motion (ROM) about 25% without evidence of deficit in strength or stability. Sitting straight leg raise caused leg and back pain with tightness in the left leg. The Physician noted the treatment plan included the requests for authorization for a trial of Neurontin and trial of an interferential stimulator for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Current Stimulator and garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, "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. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)". In this case, there is no clear evidence that the patient did not respond to conservative therapies, or have pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. In Addition, there is limited evidence supporting the use of neuromuscular stimulator for chronic pain. Therefore, the request for Interferential Current Stimulator and garment is not medically necessary.