

Case Number:	CM15-0055028		
Date Assigned:	03/30/2015	Date of Injury:	02/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 46-year-old male, who sustained an industrial injury on February 4, 2014. He reported falling through a wood bridge on a construction site, with wood falling and hitting his head and immediate pain in his neck, shoulders, right upper extremity, back, buttocks, and legs. The injured worker was diagnosed as having cervical radiculopathy, cervical spondylosis, lumbar radiculopathy, lumbar spondylosis, and chronic pain syndrome. Treatment to date has included physical therapy, cervical spine/lumbar spine MRIs, massage therapy, chiropractic treatments, x-rays, home exercise program (HEP), and medication. Currently, the injured worker complains of cervical spine pain radiating pain down the right arm with numbness and tingling to the wrist and hand, and pain to the lumbar spine radiating down both legs with numbness and tingling to both lower extremities. The Treating Physician's report dated February 16, 2015, noted the injured worker's current medications as Ibuprofen, Tylenol #3, and Soma. The injured worker was noted to ambulate with the assistance of a cane, with examination of the cervical spine showing decreased cervical lordosis, and tenderness to palpation over the bilateral trapezius, levator scapulae, and rhomboid muscles and over the bilateral C4, C5, and C6 spinous processes with spasms present. Range of motion (ROM) of the cervical spine was noted to be limited with a positive Spurling's test bilaterally. The lumbar spine examination was noted to show decreased lumbar lordosis with tenderness to palpation over the bilateral erector spinae, latissimus dorsi, and quadratus lumborum muscles, and over the bilateral L4, L5, and S1 spinous processes with spasm, and with limited range of motion (ROM). Straight leg raise was noted to be positive. The treatment plan was noted to include a request for authorization for an

interlaminar lumbar epidural steroid injection (ESI), and medications prescribed including Percocet, Soma, and Ibuprofen. The patient sustained the injury due to fall. The patient had used an IF unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit purchase, for Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120 Interferential Current Stimulation (ICS).

Decision rationale: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS), pages 120. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS (Effective July 18, 2009) pages 118-120 Interferential Current Stimulation (ICS). The Expert Reviewer's decision rationale: Request: IF (Interferential) unit purchase, for Right Elbow. 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; 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.). 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." Per the records provided, any indication listed above is not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. Patient has received an unspecified number of PT and chiropractic visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for IF (Interferential) unit purchase, for Right Elbow is not fully established in this patient. The treatment is not medically necessary.