

Case Number:	CM15-0081926		
Date Assigned:	05/04/2015	Date of Injury:	02/05/2008
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/29/2015

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, 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 63 year old female, who sustained an industrial injury on 2/5/08. The injured worker was diagnosed as having discogenic cervical condition with disc disease C4-6 and foraminal narrowing, discogenic lumbar condition, impingement syndrome of right shoulder and right epicondylitis. Treatment to date has included facet injection, oral medications, topical medications, cervical collar, back brace, neck pillow, hot and cold wrap, elbow sleeve and a small TENS unit. Currently, the injured worker complains of neck, low back, right shoulder and right elbow pain. Physical exam noted tenderness along the lumbar spine with absent reflexes in knees and decreased at ankles and biceps with positive impingement sign. The treatment plan included recommendations for TENS unit with conductive garment, neck traction, air pillow, physical therapy and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow / Cervical Traction w/Air Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck - Traction (mechanical) guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: According to the guidelines, traction and cervical pillow is not recommended due to lack of scientific evidence. The claimant has already used traction and collars in the past. The claimant has also used a brace, wraps, cold therapy and a small TENS unit. The request for cervical traction and below does not have added benefit to the modalities provided and is not medically necessary.

IF (interferential frequency) unit or muscle stimulator or the conductive garment: 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 unit Page(s): 127.

Decision rationale: According to the guidelines, an IF unit 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. 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, the claimant has already used a "small TENS unit." Response to intervention is not provided. A larger 4 lead TENS was requested. The request for an IF unit is not indicated when response to other electrical stimulation is not known. The length of use was not specified. As it is not recommended and the claimant has undergone numerous intervention, the IF unit is not medically necessary.

Conductive Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 127.

Decision rationale: According to the guidelines, an IF unit 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. 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, the claimant has already used a "small TENS unit." Response to intervention is not provided. A larger 4 lead TENS was requested. The request for an IF unit is not indicated when response to other electrical stimulation is not known. The length of use was not specified. As it is not recommended and the claimant has undergone numerous interventions and the IF unit is not medically necessary as above; therefore the use of conductive garments is not medically necessary.