

Case Number:	CM15-0082628		
Date Assigned:	05/05/2015	Date of Injury:	09/09/2004
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on September 9, 2004. The injured worker was diagnosed as having neck sprain, cervical spondylosis and lumbar sprain. Treatment and diagnostic studies to date have included medication. A progress note dated October 22, 2014 provides the injured worker complains of neck pain rated 8/10 and radiating down arm with numbness in hands. Physical exam notes cervical and lumbar tenderness with positive Spurling's test and spasm. The most recent visit dated April 6, 2015 notes the visit is for right foot and ankle pain that is improving slowly with numbness in the toes. There is a request for interferential unit with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit with Garment for The Cervical and Lumbar Spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities. The current request is for IF Unit with Garment for The Cervical and Lumbar Spine. The requesting treating physician report was not found in the documents provided for review. MTUS pages 118 to 120 state that 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. MTUS further states, 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. 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. In this case, there is no evidence in the reports provided that the patient has ever been treated with an ICS unit previously. Furthermore, while a 30 day trial may be reasonable, there is no time period specified in the current request and the purchase of an IF unit without documentation of functional improvement is not supported. Recommendation is for denial and the request is not medically necessary.