

Case Number:	CM15-0085740		
Date Assigned:	05/07/2015	Date of Injury:	07/07/2013
Decision Date:	06/09/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old woman sustained an industrial injury on 7/7/2013 after a trip and fall down the stairs. Diagnoses include cervical spine intervertebral disc syndrome with radiculopathy, thoracic spine intervertebral disc syndrome with radiculopathy, right wrist internal derangement, and right shoulder internal derangement. Treatment has included oral medications. Physician notes dated 12/23/2014 show complaints of neck and back pain rated 7-8/10. Recommendations include cervical spine MRI, shock wave therapy, psychological care, electromyogram/nerve conductions studies, functional capacity evaluation, acupuncture, interferential unit, TENS unit, and cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 12/23/2014-1/22/2015) for rental of an Interferential Stimulator (IF Unit) for the thoracic spine, right wrist/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant sustained a work injury in July 2013 and, when seen, she was having neck and back pain. Pain was rated at 7-8/10. Physical examination findings included cervical and thoracic spine tenderness and decreased right shoulder and wrist range of motion. The treatment plan included a 12 month rental of an interferential unit. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. If there was benefit, then purchase of a unit would be considered. Rental of a unit for 12 months is not cost effective and was not medically necessary.