MAXIMUS Federal Services

Case Number:	CM15-0086026		
Date Assigned:	05/08/2015	Date of Injury:	10/22/2013
Decision Date:	06/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 61 year old male, who sustained an industrial injury on 10/22/2013. The current diagnoses are cervical spine disc bulges, right/left shoulder surgery, right elbow strain, right carpal tunnel syndrome, right hand strain, and left wrist sprain. The progress report dated 3/18/2015 indicates the injured worker has new numbness and tingling (unspecified site). He complains of pain in the neck, bilateral shoulders, right elbow/forearm, right hand, and bilateral wrists. The level of pain is not rated. The current medication list was not available for review. Treatment to date was not documented. Diagnostic testing has included MRI studies and electrodiagnostic testing. The plan of care includes P-stim unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-stim unit rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: 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." While the medical documents do not indicate that the pain is ineffectively controlled. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do not indicate ongoing physical therapy and/or chiropractic treatment (unknown number of sessions) or detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for P-stim unit rental 30 days is not medically necessary.