

Case Number:	CM15-0089580		
Date Assigned:	05/13/2015	Date of Injury:	04/23/1999
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 4/23/99. He has reported initial complaints of neck and shoulder injuries after a 200 pound cupboard fell on him. The diagnoses have included chronic neuropathic pain; right long thoracic nerve injury, sciatica, lumbago, cervical spondylosis, status post bilateral knee arthroscopy, lumbar spondylosis and chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modifications, psychiatric, transcutaneous electrical nerve stimulation (TENS), physical therapy, ice, chiropractic, massage, right and left shoulder surgery, and home exercise program (HEP). Currently, as per the physician progress note dated 12/12/14, the injured worker states that after he has stopped the Lyrica the pain has worsened. He then re-started the samples and the pain improved. He is currently taking Lyrica one at night and is to increase this to every eight hours. He continues to have a constant pain in the right upper shoulder with radiation of pain to the scapular region. He rates the pain 9/10 on pain scale without medication and with the current medications he rates the pain 5-6/10 and tolerable. The objective findings reveal that he is slow and guarded in his transfers and ambulation. He has atrophy in the right trapezius and evidence of medial scapular winging. He has some atrophy in the right deltoid. He has allodynia in the right shoulder and scapular region. There is tenderness to palpation across the bilateral knees and the right shoulder is more tender to palpation than the left. The current medications included Requip, Valium, Methadone and Lyrica. The urine drug screen dated 12/24/14 was inconsistent with medications prescribed. Treatment plan was to continue medications, physical therapy and a

second opinion for the bilateral knees and shoulders. The physician requested treatment included one Interferential Unit (IF) stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: Guidelines state that IF unit is not recommended as an isolated intervention but may be appropriate in conjunction with recommended treatments for pain ineffectively controlled by medications, medications limited by side effects, or history of substance abuse. In this case, there is a lack of evidence to support the efficacy of IF unit for the treatment of low back pain. The request for 1 IF stimulator unit is not medically appropriate and necessary.