

Case Number:	CM15-0237916		
Date Assigned:	12/15/2015	Date of Injury:	10/01/2013
Decision Date:	01/19/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old male who sustained an industrial injury on 10-1-13. The injured worker reported cervical spine discomfort. Of note, several documents within the submitted medical records are difficult to decipher. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc disease, cervical facet syndrome and cervical spine strain sprain. Medical records dated 10-14-15 indicate moderate, frequent pain rated at 5 out of 10. Provider documentation dated 10-14-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, medication management and daily stretching and exercise. Objective findings dated 10-14-15 were notable for cervical spine upper trapezius tenderness to palpation and decreased active range of motion. Provider documentation dated 8-25-15 noted the injured worker had prior medial branch blocks with "more than 80%" improvement. The original utilization review (11-23-15) denied a request for IF (interferential) unit and supplies for the cervical spine, 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (interferential) unit and supplies for the cervical spine, 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential (IF) unit.

Decision rationale: Pursuant to the Official Disability Guidelines, IF (interferential) unit and supplies for the cervical spine, 1 month rental is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications. Randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications, due to side effects of medications, history of substance abuse, significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy, and unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain strain bilateral upper extremity radiculitis, right forearm contusion, and posttraumatic headache. Date of injury is October 1, 2013. Request for authorization is dated November 11, 2015. According to a November 6, 2015 progress note, subjective complaints of neck pain. The injured worker had multiple interventional procedures with medial branch block and neurolysis with significant improvement. Objectively, the injured worker has improved tenderness over the trapezius and paracervical muscles. Range of motion is decreased. Sensory and motor examinations are intact. There is insufficient documentation (both subjective and objective) to justify the use of an IF unit. There are no significant subjective and objective findings to support the use of an IF unit including 80% improvement after interventional procedures. There is no documentation of concurrent physical therapy documented in the medical record. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, IF (interferential) unit and supplies for the cervical spine, 1 month rental is not medically necessary.