

Case Number:	CM14-0106358		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2011
Decision Date:	11/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 54 year old female who sustained a work injury on 5-20-11. Office visit on 6-14-14 notes the claimant has neck and back pain with spasms over the lumbar spine and right shoulder. On exam, the claimant has decreased range of motion, positive impingement sign and cervical tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Unit for Left Lumbar and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 118-119.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that interferential current stimulation 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. There is an absence in documentation noting that there are extenuating circumstances to support this form of treatment when current treatment guidelines does not

support it. Additionally, there is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. Therefore, the medical necessity of this request is not established.