MAXIMUS Federal Services

Case Number:	CM14-0119337		
Date Assigned:	08/06/2014	Date of Injury:	12/19/2013
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 35 year old female who sustained an injury on 12/19/13 due to repetitive motion of the right upper extremity while sitting and/or standing. The injured worker has been followed for complaints of pain above the neck and right upper extremity. Prior treatment has included multiple medications including Celebrex which provided mild relief of symptoms. The injured worker reported effectiveness from over-the-counter Tylenol. The injured worker also attended acupuncture therapy as well as chiropractic treatments. As of 07/02/14 the injured worker continued to describe pain in the cervical region as well as the low back. The injured worker described moderate improvement from chiropractic manipulation. The injured worker's physical exam noted tenderness in the cervical paraspinal musculature bilaterally with no palpable spasms. No motor weakness or other neurological deficits were apparent. The injured worker's overall symptoms did appear to be improving. The injured worker was recommended to continue with chiropractic treatment as well as an interferential unit to address low back spasms. The injured worker's follow-up on 07/24/14 noted persistent complaints of neck and low back pain due to repetitive motion at work. The injured worker's physical exam continued to note tenderness to palpation in the cervical and lumbar paraspinal musculature. The requested interferential unit with a garment was denied by utilization review on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds- 4 IF unit with garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In review of the clinical documentation submitted, the injured worker has been followed for myofascial complaints in the cervical and lumbar paraspinal musculature. The clinical documentation did note improvement with chiropractic manipulation. There was no indication of any recent formal physical therapy. Interferential units can be considered an option for the treatment of musculoskeletal complaints as an adjunct to a formal physical therapy or rehabilitaton program. Guidelines do recommend that the injured workers undergo a trial of interferential therapy or stimulation for at least 30 days with objective evidence of funcitonal improvement symptom reduction as well as medication reduction to support continuing use of an interferential unit. As there is no indication the injured worker has undergone a trial of interferential stimulation with notable improvemtns in overall symptoms, functional ability, and pain, permanent use of an interferential unit would not be supported as medically necessary per guidelines.