

Case Number:	CM14-0123690		
Date Assigned:	08/08/2014	Date of Injury:	03/14/2006
Decision Date:	10/28/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 66-year-old female who reported injury on 03/14/2006 due to unspecified mechanism of injury. The injured worker complained of cervical and lumbar spine pain. Diagnoses included cervical strain, thoracic strain and lumbar strain. The treatment included massage and manual therapy. The Range of motion to the cervical spine dated 11/22/2013 revealed a flexion of 25 degrees and extension of 32 degrees. The range of motion to the lumbar spine revealed a flexion of 45 degrees and extension of 8 degrees. The Range of motion to the cervical spine dated 05/13/2014 revealed a flexion of 55 degrees and extension of 33 degrees. The range of motion to the lumbar spine revealed a flexion of 50 degrees and extension of 20 degrees. No medications were noted. The treatment plan included an RS41 channel interferential and muscle stimulator. The request for authorization dated 08/08/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS41 plus 4 (four) channel interferential and muscle stimulator, rental for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 120. Decision based on Non-MTUS Citation ODG, Low back, Neuromuscular electrical stimulators

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: The request for RS41 plus 4 (four) channel interferential and muscle stimulator rental for 3 months is not medically necessary. The California MTUS Guidelines do not recommend 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. As such, the request is not medically necessary.