

Case Number:	CM14-0128369		
Date Assigned:	08/15/2014	Date of Injury:	09/07/2013
Decision Date:	10/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Pain Medicine and is licensed to practice in California & Washington. 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 male with a reported date of injury of 09/07/2013. The mechanism of injury was not noted in the records. The injured worker's diagnoses include head contusion, cervical discopathy, thoracic myofascitis, and lumbar myofascitis. The injured worker's past treatments included pain medication and physical therapy. There were no relevant diagnostic imaging studies provided. There was no relevant surgical history noted in the records. The subjective complaints on 05/19/2014 included difficulty speaking, slurred speech, and dizziness. The physical examination to the cervical spine noted that there is tenderness in the cervical spine at C4-7 and associated paraspinal muscles. There is a positive Spurling's test bilaterally. Assessment of the thoracic spine noted that there is tenderness in the upper thoracic spine at the T4, T5, T6, and T7 and associated paraspinal muscles. The lumbar spine evaluation noted that there is tenderness of the lumbar spine at L3-5 and associated paraspinal muscles. There is a positive Kemp's test bilaterally. There were no medications noted in the records. The treatment plan was to order a sleep study, order an Interspec IF 2 with supplies, and order speech therapy treatment. A request was received for sleep disordered breathing respiratory study, overnight oximetry, nasal function studies, Interspec IF 2 and supplies, and speech therapy treatment frequency and duration unspecified. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II and supplies, rental for trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS (Interferential current stimulation) Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The MTUS Chronic Pain Guidelines state that interferential current stimulation ICS is not recommended as isolated intervention. The criteria for use are as follows: pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects or history of substance abuse or significant pain from postoperative conditions limits the ability to perform exercise/physical therapy treatment, or unresponsive to conservative measures. The injured worker had a traumatic head injury. The notes indicated that the patient was not taking any medications currently. There is a lack of evidence showing that the pain was ineffectively managed with medications. There was a lack of documentation regarding history of substance abuse or a list of conservative measures that were attempted and the patient had been unresponsive to in order to warrant the 1 month trial. As such, the request is not medically necessary.