

Case Number:	CM14-0128480		
Date Assigned:	08/22/2014	Date of Injury:	08/26/2013
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 27-year-old female with an 8/26/13 date of injury. At the time (6/18/14) of the request for authorization for Interspec Interferential (IF) unit II and supplies, there is documentation of subjective (pain in the neck, right upper extremity with weakness in the right hand, and pain in the right hand) and objective (3+ tenderness over paraspinal muscles, trapezius and parascapular muscles, bilaterally; tenderness to palpation felt over the cervical spine process from C1 through C7; cervical compression test is positive; shoulder depression test is positive; tenderness over the parathoracic spine muscles and spinous process at T1 and T2; residual tenderness about the right lateral epicondylar region and to a lesser extent on the left side; Cozen's and Mill's tests are positive and provocative for pain for the bilateral elbow) findings, current diagnoses (cervical spine sprain/strain, rule out herniated disc, cervicogenic headaches, bilateral lateral and medial epicondylitis, bilateral de Quervain's syndrome, and bilateral carpal tunnel syndrome), and treatment to date (chiropractic care and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec Interferential (IF) Unit II and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) and Interferent.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Therefore, based on guidelines and a review of the evidence, the request for Interspec Interferential (IF) unit II and supplies is not medically necessary.