

Case Number:	CM14-0148651		
Date Assigned:	09/18/2014	Date of Injury:	08/16/1986
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation 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 58-year-old female with an 8/16/1986 date of injury. At the time (8/19/14) of request for authorization for 30 day trial of interferential unit (through [REDACTED]), there is documentation of subjective (pain in the cervical area radiating to neck and left arm to fingers associated with numbness and tingling) and objective (tenderness over the cervical paraspinal musculature and C3-C6 facets, positive Spurling sign, positive axial head compression test, and decreased cervical range of motion) findings, current diagnoses (cervical disc disease and cervical radiculopathy), and treatment to date (medications, physical therapy, chiropractic therapy, and home exercise program). There is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF INTERFERENTIAL UNIT (THROUGH [REDACTED]): Upheld

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

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. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease and cervical radiculopathy. However, there is no documentation that the interferential stimulator unit will be used 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 30 day trial of interferential unit (through [REDACTED]) is not medically necessary.