MAXIMUS Federal Services

Case Number:	CM14-0161401		
Date Assigned:	10/08/2014	Date of Injury:	02/08/2014
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 Emergency 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:

Patient with reported date of injury on 2/8/2014. Mechanism of injury is claimed to have been from being stuck in the back of head and neck by a heavy object. Patient has a diagnosis of cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain and lumbar radiculopathy. Medical reports reviewed. Last report available until 9/3/14. Many of the notes provided are hand written and are hard to read due to poor legibility. Note states "Persistent low back pain with radiculopathy down both legs" Objective exam has tenderness, spasms decreased range of motion. Note states something about a C-spine MRI but it is not legible. Note from 9/3/14 notes "Rx IF unit for home use." There is a note about physical therapy being done but response and number of sessions done is not documented or not legible. No recent medication list was provided for review. MRI of lumbar spine (7/21/14) reveals normal image with no pathology. Independent Medical Review is for Interferential Stimulator Unit-purchase. Prior UR on 9/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Unit- purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation(TENS). The documentation does not meet guideline criteria for recommendation and fails basic documentation standards with poor legibility and minimal critical information. If is not clear if physical therapy program is ongoing, how many were done and what response there is to it despite an order for PT on record. There is no documentation of failure of standard therapy or poor pain control on medication. There is not a single documentation on what medications the patient is on. There is no documentation of attempt of TENS. The requesting provider has failed to provide legible or evidence based information or rationale to recommend ICS. ICS is not medically necessary.