

Case Number:	CM14-0161426		
Date Assigned:	10/06/2014	Date of Injury:	06/26/2012
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old female with an injury date of 06/26/14. Per the 07/23/14 progress report by [REDACTED], the patient presents with worsening pain most severe in the neck radiating to the left upper extremity rated 4/10 with medications and 7/10 without. Examination reveals weakness and numbness left C6 and positive cervical and lumbar tenderness. Cervical and lumbar spine range of motion is decreased 25%. The patient's diagnoses include: disc herniation C5-6 with neurological deficits, musculoligamentous sprain/strain, cervical spine, lumbar strain with multilevel degenerative disc disorder. The utilization review being challenged is dated 09/10/14. The rationale is that there is no evidence other pain modalities have been tried and it is not recommended as a primary treatment modality. Reports were provided from 06/18/13 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Trial: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating to the left upper extremity rated 4/10 with medications and 7/10 without. The provider requests for Interferential Unit Trial and states that it was helpful to the patient in physical therapy. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The reports provided show that the provider does discuss some elements that the requested IF units would not be an isolated intervention in that the patient is undergoing physical therapy and a regimen of medications for pain which the provider states have been helpful. Assessment of patient pain shows there was no decrease in pain as both the 06/23/14 and 09/03/14 reports show pain as 4/10 with medications and 7/10 without. There is no discussion or documentation of diminished effectiveness or side effect of medication, history of substance abuse or significant pain due to postoperative conditions. Lacking sufficient documentation as required by MTUS, recommendation is for denial.