

Case Number:	CM14-0168001		
Date Assigned:	10/15/2014	Date of Injury:	05/07/2013
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 sales representative and has a date of injury of 5/7/13, when he was involved in a motor vehicle accident. He continues to complain of right sided headaches, rated at 7/10, and pain and stiffness in the neck. His diagnoses include cervical strain and concussion with post-concussive headaches. Treatment has included medications and acupuncture with no documentation of functional improvement. Interferential current stimulation device was certified in December 2013 but there is no documentation of device use or effectiveness. On 9/29/14 the primary treating physician has again requested approval for interferential current stimulation device with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: IF unit plus supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: The MTUS states that, while not recommended as an isolated intervention, interferential current stimulation devices are possibly appropriate if pain is ineffectively

controlled due to diminished effectiveness of medication or side effects, if there is a history of substance abuse, if there is significant pain from postoperative conditions or the injured worker is unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The medical records provided do not indicate that pain is ineffectively controlled due to diminished effectiveness of medication or side effects, a history of substance abuse, significant pain from postoperative conditions, or the injured worker is unresponsive to other conservative measures. The records show that the interferential stimulator was approved in December 2013 but there is no documentation of use or effectiveness. The MTUS criteria are not currently met and, as such, the request for DME IF unit plus supplies is not medically necessary.