

Case Number:	CM14-0180330		
Date Assigned:	11/04/2014	Date of Injury:	08/11/2014
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 American Board Family Practice 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:

33 year old female claimant sustained a work injury on 12/13/11 involving the neck and shoulder. She was diagnosed with neck and shoulder strain. A progress note on 8/14/14 indicated the claimant had 8/10 pain. The cervical and thoracic spine had limited range of motion with tenderness in the trapezial region. She was recommended to undergo physical therapy. A progress note on 11/12/14 indicated the claimant continued to have neck pain with reduced range of motion. Acupuncture treatment was requested. There was a request prior to the visit for an interferential home unit as well as a thermaphore heat pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Interferential Home Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: According to the guidelines, it is not recommended as an isolated intervention. 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. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate. In this case, there is no indication that the pain is ineffectively controlled. The length of ICS unit was not specified. The request for the ICS is not specific and is therefore not medically necessary.

One Thermaphore Heat Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain and Heat Pad

Decision rationale: According to the guidelines, a heat pad is optional. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case, the injury was chronic. There is insufficient evidence to support the use of a thermaphore heat pad in chronic neck pain. The request above is not medically necessary.