

Case Number:	CM13-0021911		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2012
Decision Date:	06/02/2015	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 12/13/2012. The initial complaints or symptoms included head and neck pain/injury. The injured worker was diagnosed as having head contusion and post head contusion headaches. Treatment to date has included conservative care, medications, x-rays, CT scans, MRIs, and conservative therapies. At the time of the request for authorization, the injured worker complained of mild short term memory loss, neck stiffness, intermittent numbness and tingling in the upper extremities, and occasional dizziness. The clinical notes indicate that the injured worker was benefiting from acupuncture. The diagnoses included herniated nucleus pulposus at C4-C5 with central canal stenosis, multilevel cervical spinal stenosis, multilevel degenerative neuroforaminal encroachment, status post blunt head trauma, and cervical radiculopathy. The treatment plan consisted of a home interferential muscle stimulation unit (non-certified), neurological consultation (non-certified), and chiropractic treatments for the cervical spine (certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Home Interferential Muscle Stimulation 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 IF unit Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

One neurological consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The request for neurology is a consult that is medically appropriate given the long standing history of headaches, memory difficulties, and dizziness documented in the context of head trauma. The UR determination had non-certified this request based upon AOE/COE. The IMR process does not assess for industrial causation but only evaluates medical appropriateness of a request. Given the documentation, this patient should have neurology consultation (whether it be done through worker's compensation insurance or otherwise). The request is medically necessary.

