MAXIMUS Federal Services

Case Number:	CM14-0213834		
Date Assigned:	12/31/2014	Date of Injury:	12/13/2013
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 36 year old male with an injury date of 12/13/13.As per progress report dated 11/04/14, the patient complains of neck pain rated at 4-6/10 that radiates to left trapezius muscles. He also has lower back pain rated at 5-6/10. Physical examination dated 10/16/14, as per the UR Denial letter, reveals constant radiation of the neck pain to the left upper thoracic region. There is tenderness to palpation in the left cervical spine, left upper trapezius muscles, and paravertebral muscles. Cervical compression test was positive on the left. There is mildly increased thoracic kyphosis along with mild tenderness to palpation about bilateral paravertebral muscles, bilateral sacroiliac joints, and spinous processes. The patient also has bilateral sciatic notch pain. Patellar grinding is positive bilaterally. Medications, as per progress report dated 10/21/14, include Gabapentin, Ketoprofen (other names are illegible). X-ray of the Cervical Spine, 11/04/14, as per UR Denial Letter: Straightening of normal lordotic curvatureX-ray of the Lumbar Spine, 11/04/14, as per UR Denial letter: Moderately decreased lordotic curvature with C type scoliosis and degenerative changes at L5Diagnoses, 10/16/14- Cervical sprain/strain- Lumbar sprain/strain- Not legibleThe utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 10/08/14 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month IF unit rental or purchase with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119-120.

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

Decision rationale: The patient complains of neck pain rated at 4-6/10 that radiates to left trapezius muscles along with lower back pain rated at 5-6/10, as per progress report dated 11/04/14. The request is for 2 Month If Unit Rental Or Purchase With Garment. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, the progress reports are handwritten and not very legible. The request for IF unit is noted in progress reports dated 10/16/14 and 10/21/14. The treater, however, does not explain the need. There is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. There are no record of any surgical interventions. The report does not establish the need for an IF unit. Furthermore, the request is for 2 months rental and MTUS recommends one month trial before a home unit is to be used. This request for IF unit rental or purchase with garment is not medically necessary.