

Case Number:	CM14-0216589		
Date Assigned:	01/06/2015	Date of Injury:	05/27/2010
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 39 year old male injured worker suffered an industrial injury on 5/27/10 while working at a pizza place, pizza products fell from 2 to 3 feet down on his head, neck and shoulders. The details of the subsequent injuries and treatments from the initial incident were not included in the documentation provided. The current diagnoses included dizziness, headaches, cervical disc protrusion with radiculopathy, lumbar disc protrusion with myospasm and radiculopathy, and right shoulder and right knee sprain/strain. Recent treatments included medications, chiropractic therapy, physical therapy, TENS therapy and ESWT (extracorporeal sound wave therapy). The provider visit on 11/11/2014 described the injured worker report moderate neck, low back, right shoulder, and right knee pain along with headaches. The exam revealed painful right shoulder, right knee, cervical and lumbar spine. There was positive cervical compression, right shoulder depressed and positive straight leg raise. The UR decision on 11/24/2014 denied the request for a 5 month use of interferential unit for pain as it was not recommended as an isolated intervention. Also there was no documentation of ineffective pain control from medications and documentation of lack of benefit of other conservative therapies. Also required was a trial by a physician to demonstrate benefit. The notes dated 9/14/2014 and 10/22/2014 described that the injured worker received relief from the medications regime.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 months of an interferential 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 Page(s): 118-120.

Decision rationale: The request for ICS is considered not medically necessary. The patient does not meet selection criteria. He is not documented to have failed all conservative therapy. There is no documentation that his pain was not controlled by medications or he suffered side effects that would prevent him from continuing medications. A one-month trial of ICS that demonstrated increased functional improvement and less pain, with evidence of medication reduction would be necessary before prescribing 5 months of treatment. Therefore, the request is considered not medically necessary.