

Case Number:	CM15-0010901		
Date Assigned:	01/28/2015	Date of Injury:	06/14/2005
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: Emergency Medicine

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 47 year old female, who sustained an industrial injury on 6/14/2005. Mechanism of injury is described as moving a heavy item in the office. She has reported sharp pain in lower back that radiated to neck and shoulders. The diagnoses have included chronic fatigue syndrome, chronic pain syndrome, fibromyalgia, cervical pain/strain, cervical disc herniation at multiple levels, cervical radiculopathy, lumbar pain/strain syndrome with radiculopathy and lumbar disc herniation at multiple levels. Treatment to date has included eight (8) physical therapy visits, aquatic therapy, and home exercise. Currently 11/5/14, the IW had multiple complaints of pain including neck pain and headaches, bilateral shoulder pain, low back pain, bilateral foot pain, right thigh; all rated 4-6-7/10 VAS. Physical examination on that date documented dysethesias right upper body (arm/shoulder and right thoracic spine), decrease Range of Motion (ROM) of lumbar spine, and diffuse muscle spasms in cervical spine and in lumbar spine. On 12/29/2014 Utilization Review non-certified an IF unit supplies x 12 months for lumbar spine noting the medical records submitted did not include documentation of a one (1) month trial period and did not include long and/or short term treatment goals. The MTUS and ODG Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of IF unit supplies x 12 months for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit Supplies x12 Months Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 55.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation(TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. There is no documentation of a trial or failure of TENS. There is no documentation of an appropriate trial of IF prior to request for a 1 year long rental. IF unit is not medically necessary.