

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0010964 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 12/01/2003 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Internal 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 52 year old female, who sustained a work related injury on 12/1/03. The diagnoses have included cervical spine and lumbar spine discopathy. Treatments to date have included 10 physical therapy sessions as of 8/4/14, oral medication and aqua therapy. The injured worker complains of neck and low back pain. She complains of "lots of numbness." She has decreased range of motion in neck and low back. On 12/17/14, Utilization Review non-certified a request for the purchase of a VQ interferential unit. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ interferential unit purchase: 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 Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 11. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Interferential therapy Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. <http://www.guideline.gov/content.aspx?id=47590>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Official Disability Guidelines (ODG) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Medical records document a history of neck and back complaints and bilateral cubital and carpal tunnel syndrome. MTUS, ODG, and Work Loss Data Institute guidelines do not support the request for a VQ interferential unit. Therefore, the request for VQ interferential unit is not medically necessary.