

Case Number:	CM15-0012009		
Date Assigned:	01/29/2015	Date of Injury:	02/28/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on February 28, 2013. She has reported injury to the neck shoulder, right elbow, and back. The diagnoses have included right upper extremity overuse syndrome, bilateral upper trapezius myofascitis, lumbar strain, right sacroiliac dysfunction. Treatment to date has included aquatic therapy, home exercise program, medications, and physical therapy. Currently, the IW complains of pain in the cervical spine, shoulder, right elbow, thoracic spine, and lumbar spine. On June 5, 2014, she is noted to have a decreased range of motion to the neck, with tenderness, decreased range of motion, and spasms of the lumbar spine area. It is also noted she has not been taking any pain medications. On December 24, 2014, Utilization Review non-certified purchase of a home interferential unit for brachial plexus lesions and myalgia based on MTUS, Chronic Pain guidelines. On January 21, 2015, the injured worker submitted an application for IMR for review of purchase of a home interferential unit for brachial plexus lesions and myalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit for the Brachial Plexus Lesions and Myalgia (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: The patient presents with right-sided neck pain with right upper extremity radiating pain, right midscapular pain, and right buttock and right leg radiating pain. The request is for HOME INTERFERENTIAL UNIT FOR THE BRACHIAL PLEXUS LESIONS AND MYALGIA (PURCHASE). The RFA provided is dated 04/18/14. Patient's diagnosis included right upper extremity overuse syndrome, bilateral upper trapezius myofascitis, lumbar strain, and right sacroiliac dysfunction. Patient is to return to modified duty MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)With regards to interferential unit, there is no evidence that pain is not effectively controlled due to diminished effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. On the contrary, per the progress report dated 06/05/14, patient states that stretching, aquatic therapy, rest, heat, TENS unit, and physical therapy help relieve her symptomatology. Patient's treatment also included bilateral trapezius trigger point injection on 04/15/14 which was well tolerated with immediate improvement in neck pain and stiffness. The request does not meet guideline recommendations, therefore interferential unit IS NOT medically necessary.