

Case Number:	CM15-0013169		
Date Assigned:	01/30/2015	Date of Injury:	08/04/2012
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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:

This 51 year old woman sustained an industrial injury on 8/4/2012. The mechanism of injury was not detailed. Current diagnoses include myoligamentous cervical spine strain/sprain, multilevel cervical spondylosis, tendonitis and impingement syndrome of the right shoulder, full thickness rotator cuff tear of the right shoulder, and carpal tunnel syndrome, left greater than right. Treatment included oral medications. Chiropractic notes dated 6/30/32014 show complaints of right wrist pain, depression, anxiety, and sleep disturbance. Recommendations were made for a psychological consultation. No other progress notes were identified. On 1/15/2015, Utilization Review evaluated prescriptions for interferential unit purchase and supplies and cervical traction unit, that were submitted on 1/22/2015. The UR physician noted the worker had gastrointestinal upset with NSAID medications and suboptimal response to conservative interventions including physical therapy and analgesics. It was felt that the outcomes of use of the interferential unit should be assessed before considering a cervical traction purchase. The MTUS, ACOEM Guidelines (or ODG) was cited. The request for traction was denied and the request for interferential unit was modified, both were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit purchase and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 120.

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

Decision rationale: The request is for an IF unit, or an interferential unit stimulation unit. Treatments involve the use of two pairs of electrodes and most units allow variation in waveform, stimulus frequency and amplitude or intensity, and the currents rise and fall at different frequencies. It is theorized that the low frequency of the interferential current causes inhibition or habituation of the nervous system, which results in muscle relaxation, suppression of pain and acceleration of healing. The MTUS guidelines do not recommend an IF unit as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, and limited evidence of improvement on those recommended treatments alone. It is possibly appropriate for the following conditions if documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Per the application submitted for independent medical review, a 1-month trial was agreed upon by the treating physician and utilization review physician, which falls within the MTUS guidelines. The request as written is not supported by the MTUS guidelines, and is therefore not medically necessary.

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181 (Table 8-8).

Decision rationale: The request is for a cervical traction unit. According to the American College of Occupational and Environmental Medicine, section on Neck and Upper Back Complaints, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Traction is therefore not recommended as a physical treatment method, but may be considered as a palliative tool that may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.

