

Case Number:	CM15-0014718		
Date Assigned:	02/02/2015	Date of Injury:	11/07/2014
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 58-year-old female who reported an injury on 11/07/2014. The mechanism of injury was not specifically provided. The current diagnoses include headache, sleep disturbance, post-traumatic stress disorder, shoulder contusion, and cervical/lumbar sprain. The injured worker presented on 12/10/2014 with complaints of frequent headaches, depression, anxiety, and insomnia. The injured worker also reported 8/10 extreme and constant pain. Upon examination, there was tenderness to palpation over the occipital region and cervical region, severe left shoulder tenderness, lumbar tenderness, moderate sacral tenderness, subluxation at the occipital region, subluxation at the cervical and lumbar region, subluxation at the left shoulder region, and limited range of motion. Recommendations at that time included EMS and diathermy to the cervical and shoulder region, an interferential unit, a hot/cold unit, and a referral for an MRI. A Request for Authorization form was then submitted on 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit purchase with electrodes x 10packs, batteries x 10 and set up and delivery fees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, there was no documentation of a significant functional deficit. There is also no mention of a failure to respond to initially recommended treatment including physical therapy and TENS therapy. Additionally, there was no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate at this time.