

Case Number:	CM15-0015118		
Date Assigned:	02/03/2015	Date of Injury:	12/05/2014
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] employee who has filed a claim for shoulder, neck, and back pain reportedly associated with an industrial injury of December 5, 2014. In a Utilization Review Report dated January 9, 2015, the claims administrator denied a request for an interferential unit purchase. Despite the fact that this did not appear to be a chronic pain case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. The interferential unit was endorsed via an RFA form dated January 12, 2015. In an associated Doctor's First Report (DFR) of January 12, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and sleep disturbance. Ancillary complaints of headaches were evident. The applicant was placed off of work, on total temporary disability. Physical therapy and an interferential stimulator device were apparently endorsed. In an earlier note dated December 9, 2014, the applicant was apparently using Lodine and Flexeril for pain relief. On December 17, 2014, the applicant was given refills of Lodine and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (Cypress Care): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic), (ICS), Interferential current stimulation

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

Decision rationale: No, the request for an interferential unit (purchase) was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator is the neck. Interferential stimulation is a subset of transcutaneous electrical nerve stimulation (TENS). However, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that TENS is "not recommended" in the evaluation and management of neck and upper back complaints, as were/are present here. While ACOEM Chapter 8, pages 173 and 174 do qualify the overall and favorable position on TENS usage by noting that such palliative/passive modality can be used on a trial basis, with emphasis placed on functional restoration and returning the applicant to activities of normal daily living, in this case, there was/is no evidence that the applicant was intent on employing the proposed interferential stimulator device in conjunction with a program of functional restoration. The applicant was placed off of work, on total temporary disability, on the date the inferential stimulator was endorsed. It is further noted that the attending provider sought authorization for a purchase of the interferential stimulator device without evidence of a previously successful trial of the same. The request, thus, as written, runs counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.