

Case Number:	CM15-0016620		
Date Assigned:	02/04/2015	Date of Injury:	09/12/2005
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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, Pain Management

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 63 year old female, who sustained an industrial injury on 09/12/2005. She has reported subsequent neck pain and was diagnosed with chronic neck pain, neck sprain, degeneration of cervical discs, cervical disc disorder and post cervical fusion. Treatment to date has included oral pain and topical medication. In a progress note dated 11/14/2014, the injured worker complained of neck pain. Objective physical examination findings were notable for positive head compression. The physician's treatment plan included plans to decrease narcotic pain medication and recommending an inferential unit. A request for authorization for an inferential stimulator adhesive removal towel mint, TT & SS leadwire, Power pack, and electrodes pack was made. On 12/29/2014, Utilization Review non-certified requests for adhesive removal towel mint, TT & SS leadwire, Power pack, avid interferential stimulator and electrodes pack, noting that the efficacy and safety of an inferential stimulator for chronic neck or chronic pain in general has not yet been established and that therefore the stimulator and adhesive removal towel mint, TT & SS leadwire, Power pack and electrodes pack are not medically necessary. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adhesive Remover Towel Mint, #16: Upheld

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

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

Decision rationale: As the interferential stimulator is not medically necessary, this request is also not medically necessary.

TT and SS Leadwire, #1: Upheld

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

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

Decision rationale: As the interferential stimulator is not medically necessary, this request is also not medically necessary.

Power Pack, #12: Upheld

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

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

Decision rationale: As the interferential stimulator is not medically necessary, this request is also not medically necessary.

Avid Interferential Stimulator, 1 month: Upheld

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

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

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative

treatment (e.g., repositioning, heat/ice, etc.). If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation as outlined above. In light of the above issues, the currently requested interferential unit is not medically necessary.

Electrodes Pack, #4: Upheld

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

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

Decision rationale: As the interferential stimulator is not medically necessary, this request is also not medically necessary.