

Case Number:	CM15-0111725		
Date Assigned:	06/18/2015	Date of Injury:	04/26/2014
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 injured worker is a 58-year-old female, who sustained an industrial injury on 4/26/2014. Diagnoses include fibromyalgia, cervical strain and lumbar strain. Treatment to date has included modified work, psychiatric care and medications including Trazodone, Gabapentin, Norco, Buspar and Prozac. Per the Primary Treating Physician's Progress Reports dated 5/06/2015 and 5/14/2015, the injured worker reported neck pain described as tightness and soreness, right somewhat greater than left. Physical examination revealed paracervical and bilateral trapezial tenderness. There was full range of motion with pain. The plan of care included chiropractic and an inferential unit. Authorization was requested for inferential unit for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: Due to the questionable evidence that this type of unit is beneficial, the MTUS Guidelines are very specific regarding qualifications to justify this type of unit. Prior to the purchase and longer-term use of an IF unit there should be successful application by a health care professional. If this application is beneficial, then a 30-day rental and home trial is recommended with clear documentation of use patterns and benefits, prior to purchase. These standards have not been met and there are no unusual circumstances to justify an exception to the Guidelines. The interferential unit for the lumbar and cervical spine is not supported by Guidelines and is not medically necessary.