

Case Number:	CM15-0114106		
Date Assigned:	06/22/2015	Date of Injury:	01/20/2015
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: Connecticut, California, Virginia

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 45 year old female who sustained an industrial injury on 01/20/2015 when reaching into the trunk of a Carisoprodol to retrieve belongings. The injured worker was diagnosed with cervical trapezius sprain/strain, thoracic/lumbar sprain/strain and bilateral periscapular shoulder strain with impingement. Treatment to date has included X-rays, acupuncture therapy, physical therapy, E-stimulator and topical analgesics. According to the primary treating physician's progress report on May 20, 2015, the injured worker reports bilateral shoulder pain improved and mid and low back pain more intermittent. Objective findings in the medical report were difficult to decipher. Shoulder range of motion was decreased with positive impingement signs bilateral. There was noted paravertebral muscle spasm on the right with straight leg raise producing low back pain. Current medication is Biofreeze topical. Treatment plan consists of completing physical therapy with progression to home exercise program, Biofreeze as needed, right trapezius myofascial trigger point injection, possible chiropractic therapy and the current request for an Interferential Stimulator (IF) to incorporate with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit: Upheld

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

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

Decision rationale: The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There are no standardized protocols for the use of interferential therapy, and the evidence does not support clear value to treatment, and while not recommended as an isolated intervention, patient's should be selected for consideration only by meeting the following criteria: pain ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional criteria may include history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures (repositioning, heat/ice, etc.). If the aforementioned criteria are met, consideration of a one-month trial may be appropriate to assess added benefit of treatment. The provided records do not discuss whether or not the request is for a rental/trial or purchase, and as a purchase would not be appropriate without trial for efficacy, the request cannot be considered medically necessary.