

Case Number:	CM15-0117644		
Date Assigned:	06/26/2015	Date of Injury:	02/16/2012
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56-year-old male, who sustained an industrial injury on 2/16/12. He has reported initial complaints of a head injury at work. The diagnoses have included closed head injury, late effect of intracranial injury without mention of a skull fracture and mood disorder. Treatment to date has included medication, hot packs, activity modification, and off of work. Currently, as per the physician progress note dated 1/23/15, the injured worker complains of head and neck pain rated 7/10 on pain scale. The pain is described as a dull, radiating, throbbing, tingling, burning quality. The injured worker reports that overall the pain has not changed or improved at all since the last visit. The physical exam of the cervical spine reveals straightening of the normal lordotic curvature, non- tender to palpation over the spinous process and cervical spine range of motion in flexion is 45 degrees, extension is 15 degrees, right rotation is 50 degrees, left rotation is 60 degrees, right lateral bending is 25 degrees and left lateral bending is 30 degrees. The current medications included Baclofen, Ibuprofen, Tramadol and omeprazole. The urine drug screen dated 11/7/14 was inconsistent with the medications prescribed. There is no previous therapy sessions noted and no previous diagnostics were noted. The physician requested treatment included an Interferential unit 1-2 month's rental for the cervical spine spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit 1-2 months rental for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

Decision rationale: According to the guidelines an IF unit 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, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant was returning to work, but there was no mention of exercise regimen and formal therapy plan in conjunction with the use of the IF unit. As a result, the request for the IF unit is not medically necessary.