

Case Number:	CM15-0119465		
Date Assigned:	06/29/2015	Date of Injury:	04/05/2010
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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, North Carolina
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 (IW) is a 36-year-old male who sustained an industrial injury on 04/05/2010. Diagnoses include neck, thoracic and lumbar spine sprain/strain. Treatment to date has included medications, acupuncture and physical therapy and activity modification. According to the PR2 dated 5/27/14, the IW reported constant low back pain and neck pain rated 5/10 with associated numbness and tingling. He also reported right knee pain that was intermittent and related to activity. On examination, range of motion (ROM) of the lumbar spine was stable; ROM of the neck was decreased and painful with myospasm noted. A request was made for an IF (interferential) unit with garment (trial unit) to be used with home exercise and medication to improve activity tolerance and increase daily function.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with Garment (trial unit): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that ICS is not recommended as an isolated intervention due to not enough quality evidence of its effectiveness. The request should be accompanied by documentation that the patient's pain is effectively controlled by diminished effectiveness or side effects of medications, a history of substance abuse, significant pain from a post-operative condition that limits exercise/physical therapy, or unresponsiveness to conservative measures. If these criteria are met, a one month of ICS may be appropriate. In this case, the patient does not meet any of the criteria. It is documented that medication reduces pain, there is no history of substance abuse, there is no post-operative condition and conservative measure (home exercise program) are provided relief. Therefore, this request for ICS is deemed not medically necessary or appropriate at this time.