

Case Number:	CM15-0123866		
Date Assigned:	07/17/2015	Date of Injury:	04/17/2013
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

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 33-year-old female, who sustained an industrial injury on 4/17/13. She reported neck pain radiating into the left upper extremity. The injured worker was diagnosed as having C5-6 and C6-7 disc protrusion with radiculopathy, neck pain, upper extremity pain, and lumbar pain. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, and medication. Physical examination findings on 6/9/15 included palpable paraspinal muscle spasms over C5-6 and C6-7. Range of motion was limited secondary to pain. Currently, the injured worker complains of neck pain, upper back pain, and intermittent left upper extremity pain and numbness. The treating physician requested authorization for the purchase of an interferential unit for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an IF unit for the cervical spine: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and upper back pain with intermittent left upper extremity radiating symptoms. When seen, she was participating in a work hardening program. There was decreased and painful cervical range of motion with tenderness and muscle spasms. Strength and sensation were decreased and Spurling's testing was positive. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and purchase of a home interferential unit is not medically necessary.