MAXIMUS Federal Services

Case Number:	CM15-0124039		
Date Assigned:	07/31/2015	Date of Injury:	10/05/1989
Decision Date:	09/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on October 5, 1989. She reported an injury to her low back. Treatment to date has included medications, MRI of the cervical spine, physical therapy, chiropractic therapy, home exercise program and activity modification. Currently, the injured worker complains of bilateral neck pain which she rates a 5 on a 10-point scale. This rating is an improvement of her usual rating of 8 on a 10-point scale. The pain is described as sharp, stabbing, stiffness and the pain radiates into the bilateral shoulder with associated numbness and tingling to the bilateral fingers. Her current medications include tramadol, Relafen and cyclobenzaprine. On physical examination the injured worker exhibits a decrease in cervical lordosis and has moderate tenderness to palpation of the cervical spine. An axial head compression test and Spurling sign is positive bilaterally. There is tenderness to palpation over the cervical facets and she has limited range of motion of the cervical spine with flexion and extension. Her bilateral shoulder abductors and elbow flexors have diminished strength. The diagnoses associated with the request include cervical disc disease, cervical radiculopathy and posterior annular tear at C4-C6 confirmed with MRI. The treatment plan includes cervical transfacet epidural steroid injection, interferential unit trial with supplies and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avid Interferential (IF) unit 1 month rental: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of mediation or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore this request is not medically necessary.

Electrodes times 4 purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: Since the request for an interferential stimulation trial has been deemed not medically necessary, it follows that this related ancillary request is not applicable. Therefore this request is not medically necessary.

Batteries times 12 purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: Since the request for an interferential stimulation trial has been deemed not medically necessary, it follows that this related ancillary request is not applicable. Therefore this request is not medically necessary.

Adhesive removers times 16 purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: Since the request for an interferential stimulation trial has been deemed not medically necessary, it follows that this related ancillary request is not applicable. Therefore this request is not medically necessary.

Lead wires times 2 purchase: 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 Interferential Stimulation Page(s): 118-120.

Decision rationale: Since the request for an interferential stimulation trial has been deemed not medically necessary, it follows that this related ancillary request is not applicable. Therefore this request is not medically necessary.

Shipping and handling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the request for an interferential stimulation trial has been deemed not medically necessary, it follows that this related ancillary request is not applicable. Therefore this request is not medically necessary.