

Case Number:	CM15-0124186		
Date Assigned:	07/08/2015	Date of Injury:	03/20/2015
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/27/2015

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

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 38 year old female, who sustained an industrial injury on March 20, 2015. She reported a cumulative trauma pain to her neck, back, right hip with associated headaches. The injured worker's initial evaluation for her injuries was conducted May 14, 2015. At the May 14, 2015 evaluation, the injured worker complains of continued headaches, neck pain, back pain and right hip pain. On physical examination the injured worker has tenderness to palpation over the cervical spine processes, bilateral paraspinal muscles, bilateral occipital muscles, bilateral suboccipital muscles, bilateral trapezius muscles, bilateral levator scapulae muscles. She has decreased cervical range of motion and has a positive cervical compression/distract and foraminal compression tests. She has tenderness to palpation over the thoracic spine. She reports tenderness to palpation and trigger points over the bilateral mid/upper thoracic region and has a decreased thoracic range of motion. She has tenderness to palpation over the lumbar spine, sacroiliac joints/sacroiliac notch, bilateral paraspinal muscles, iliac crests, gluteal muscles. She has a decreased lumbar range of motion and positive Kemp's test bilaterally. She has tenderness to palpation over the right hip with decreased range of motion and positive Patrick/Trendelenburg's tests bilaterally. The diagnoses associated with the request include head pain, cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, and right hip sprain/strain. The treatment plan includes physical therapy for the cervical, thoracic, lumbar

spine and the right hip, compound medications, Tramadol, Flexeril, Interferential unit, urine drug screen, EMG/NCV of the bilateral lower extremities, neurology consultation, physical performance-functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Physical performance - functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional

capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Given this, the currently requested functional capacity evaluation is not medically necessary.