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| Case Number: | CM15-0126084 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 05/11/2013 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: 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 51 year-old male, who sustained an industrial injury on 5/11/13. The injured worker has complaints of abdominal pain with constipation and reflux. The injured worker has low back pain and shoulder pain. The documentation noted that the injured worker has ongoing tenderness to palpation. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbago. Treatment to date has included physical therapy; spinal fusion C4-C5 level in 2013; magnetic resonance imaging (MRI) of the cervical spine on 12/3/14 showed there is disc desiccation at C3 through C7 levels; injections and medications. The request was for interferential stimulation unit and supplies 30-60 day rental & purchase for the cervical spine, bilateral shoulder, bilateral wrists, lumbar spine, and bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit & Supplies 30-60 day rental & purchase for the cervical spine, bilateral shoulder, bilateral wrists, lumbar spine, and bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MUTS guidelines state that interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The medical records do not establish that the injured worker meets the criteria for an interferential unit. In addition, per the MTUS guidelines, if those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. In the absence of a trial of 30 days with noted benefit, the request for purchase is not supported by the MTUS guidelines. The request for IF Unit & Supplies 30-60 day rental & purchase for the cervical spine, bilateral shoulder, bilateral wrists, lumbar spine, and bilateral ankles is not medically necessary and appropriate.