

Case Number:	CM15-0127677		
Date Assigned:	07/14/2015	Date of Injury:	08/16/2013
Decision Date:	08/18/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 48-year-old female who sustained an industrial injury on 8/16/13. She had complaints of pain in her left forearm. The pain gradually spread to hands and up into her neck. Primary treating physician's progress report dated 5/18/15 reports continued complaints of neck discomfort, burning, and abnormal sensation that radiates into her upper back, shoulder girdle and upper arms. Various therapeutic treatment modalities have provided relief but have not had sufficient benefit. Diagnosis is cervical radiculopathy. Plan of care includes: medications prescribed; ibuprofen 600 mg 1 twice daily #60 and Bio-freeze gel apply every 12 hours as needed #1 tube 3 refills, continue Neurontin, meds 4 IF unit with garment requested, pain management consult concentrating on non-pharmaceutical measures including biofeedback requested, continue use of home cervical traction device, acupuncture and continue home based exercise program. Work status is restricted form activities requiring frequent bending and twisting of the neck. Follow up on 6/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with garment: 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 Page(s): 118.

Decision rationale: Per MTUS CPMTG with regard to interferential current stimulation: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." A garment for the interferential treatment should only be used if there is documentation of the patient's inability to apply the stimulation pads by themselves. It is noted that the injured worker has derived benefit from other conservative measures such as medications, physical therapy, acupuncture, and cervical traction. An IF unit may be supported in addition to these modalities, however, the medical necessity of a garment for the unit has not been established. As such, the request is not medically necessary.