

Case Number:	CM15-0128030		
Date Assigned:	07/14/2015	Date of Injury:	10/30/2013
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: Preventive Medicine, Occupational Medicine

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 68 year old male, who sustained an industrial injury on October 30, 2014. The injured worker reported multiple injuries that occurred prior to the date of October 30, 2014 to the neck and trapezius region, bilateral lower shoulders, bilateral forearm, and the bilateral knees along with another injury on April 12, 2011 involving sharp pain to the low back after bending over to lift a case of product. The injured worker was diagnosed as having cervical and trapezial musculoligamentous with sprain and strain, lumbar musculoligamentous with sprain and strain with bilateral lower extremity radiculitis, bilateral shoulder periscapular strain, bilateral elbow lateral epicondylitis, and bilateral knee sprain with patellofemoral arthralgia. Treatment and diagnostic studies to date has included x-rays of the cervical spine, x-rays of the lumbar spine, and medication regimen. In an initial physician's report dated May 27, 2015, the treating physician reports complaints of pain to the neck and trapezius region, bilateral shoulder and periscapular region, bilateral forearms, bilateral knees, and low back that radiates to the bilateral lower extremities. Examination reveals tenderness with muscle spasm to the cervical and lumbar paraspinal muscles bilaterally along with the trapezius muscles, pain with axial compression test, decreased range of motion to the cervical and lumbar spine, pain with straight leg raises, tenderness to the periscapular muscles, tenderness to the proximal extensor forearm muscles, positive Cozen's test bilaterally, tenderness to the peri-patellar region, patellofemoral crepitus with range of motion, and decreased sensation to the bilateral upper and lower extremity along the lumbar four and sacral one dermatomes. The treating physician requested home interferential unit to decrease the pain and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit, therefore, the request for home interferential unit is determined to not be medically necessary.