

Case Number:	CM15-0128421		
Date Assigned:	07/31/2015	Date of Injury:	08/29/1997
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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

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 69 year old female who sustained an industrial injury on 8-29-1997. She has reported injury to the neck and back while working as a temporary sheriff. She has reported neck and back injuries and has been diagnosed with cervical musculoligamentous sprain strain with evidence of spondylosis slight, at C4-C5 and moderate at C5-C6 per radiographs dated 3-5-2014 with history of increased symptoms, return back to prior levels and thoracic musculoligamentous sprain strain with evidence of C-shaped scoliosis with convexity to the right with an apex at T8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated 3-5-2014 with history of increased symptoms, returned back to prior levels. Treatment has included physical therapy, chiropractic care, acupuncture, and a home exercise program. There was minimal residual tenderness to palpation of the cervical spine and muscle guarding was present over the paraspinal musculature and upper trapezius muscles. Range of motion was decreased. There was slight tenderness to palpation to the thoracic spine with muscle guarding over the paravertebral musculature extending from the cervicothoracic junction to the thoracolumbar junction. Range of motion was decreased. The treatment plan included follow up care. The treatment request included inferential unit x 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit (1 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for interferential (IF) unit (1 month rental). Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture, and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C5, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. Given the lack of any discussion regarding the request, the indication for the use of this unit cannot be determined. The request is not medically necessary.

Associated request for electrodes #4: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for associated request for electrodes #4. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture, and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C5, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. The request for IF Unit is not in accordance with guidelines, thereby the associated request for Electrodes #4 is not warranted, either. Therefore, the request is not medically necessary.

Associated request for batteries #12: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for associated request for batteries #12. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture,

and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C5, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. The request for IF Unit is not in accordance with guidelines, thereby the associated request for Batteries #12 is not warranted, either. Therefore, the request is not medically necessary.

Associated request for lead wires #2: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for associated request for lead wires #2. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture, and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C5, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. The request for IF Unit is not in accordance with guidelines, thereby the associated request for Lead Wires #2 is not warranted, either. Therefore, the request is not medically necessary.

Associated request for adhesive remover towel mint #16: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for associated request for adhesive remover towel #16. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture, and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C6, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request

and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. The request for IF Unit is not in accordance with guidelines, thereby the associated request for Adhesive Remover Towel #16 is not warranted, either. Therefore, the request is not medically necessary.

Associated request for shipping: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the neck and the upper back. The request is for associated request for shipping. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation and muscle guarding over the cervical paraspinal musculature and upper trapezius muscles. Range of motion was limited in all planes. Examination to the thoracic spine revealed slight C-shaped scoliosis convexing to the right from midline at approximately T8-T9 level. Tenderness to palpation and muscle guarding was noted over the paraspinal musculature extending from the cervicothoracic junction to the thoracolumbar junction. Patient's treatments have included chiropractic therapy, physical therapy, acupuncture, and home exercise program. Per 10/27/14 progress report, patient's diagnosis include cervical musculoligamentous sprain/strain with evidence of spondylosis, slight at C4-C5 and moderate at C5-C5, per radiographs dated March 5, 2014, with history of increased symptoms, return back to prior levels, and thoracic musculoligamentous strain/sprain with evidence of C-shaped scoliosis convexing to the right with an apex at T-8 with evidence of multilevel slight anterior vertebral body spurring, per radiographs dated March 5, 2014 with history of increased symptoms, returned back to prior levels. Patient is retired. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118-120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is not post-operative. The request for IF Unit is not in accordance with guidelines, thereby the associated request for shipping costs for the unit is not warranted, either. Therefore, the request is not medically necessary.