

Case Number:	CM15-0171661		
Date Assigned:	09/11/2015	Date of Injury:	11/14/2013
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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 male, who sustained an industrial injury on 11-14-2013. Medical records indicate the worker is undergoing treatment for cervical spine sprain-strain with hyperesthesia of the fingers, lumbar sprain-strain with right radiculopathy, bilateral carpal tunnel syndrome, anxiety, depression and insomnia. A recent progress report dated 6-12-2015, reported the injured worker complained of pain in the neck and low back, depression, irritability, difficulty sleeping and anxiety. Physical examination revealed paracervical and paralumbar tenderness and hyperesthesia of the bilateral hands-fingers. Treatment to date has included 27 sessions of physiotherapy, 14 sessions of chiropractic care, 22 acupuncture treatments and medication management. The physician is requesting Interferential (IF) 4 unit for home use for pain symptoms. On 8-25-2015 the Utilization Review noncertified an Interferential (IF) 4 unit for home use for pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) 4 unit for home use for pain symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data

Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 07/15/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic 2013 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The interferential (IF) 4 unit for home use for pain symptoms is not medically necessary and appropriate.