

Case Number:	CM15-0026521		
Date Assigned:	02/18/2015	Date of Injury:	09/11/2012
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female, who sustained an industrial injury on 9/11/12. The injured worker has complaints of headaches with constant stiffness and pain, left side worse than right; worse neck pain with static positioning. Bilateral upper extremities intermittent numbness and tingling with weakness in both arms, to her hands, left side worse than right. Constant low back tenderness, pain in left side worse than right and bilateral foot pain, left side worse than right, dull pain intermittently down both legs. The Impression have included closed head injury with claimed residuals, not evaluated; chronic recurrent musculoligamentous injury, cervical spine trapezius muscle and mild multilevel degenerative disc disease C3-C7, per Magnetic Resonance Imaging (MRI) 6/6/13, there was no evidence of objective cervical radiculopathy, there is nonspecific bilateral cervical radiculitis, there was normal upper extremity neurodiagnostic studies bilaterally on 4/17/14. Treatment to date has included chiropractor; lumbar epidural steroid injection; "trigger" point injections; acupuncture; traction unit for her cervical spine as part of a home exercise program. According to the utilization review performed on 1/14/15, the requested purchase of IF unit including shipping and handling; Electrodes Pack # 4; Power Packs #12; Adhesive remover towels and lead wires has been non-certified. CA MTUS 2009 and Chronic Pain Medical Treatment Guidelines, page 118-120 interferential current stimulation; Transcutaneous Electrical Nerve Stimulation (TENS) unit was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF unit including shipping and handling: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit treatment Page(s): 118.

Decision rationale: This 51 year old female has complained of neck pain, low back pain and bilateral foot pain since date of injury 9/11/12. She has been treated with physical therapy, medications, chiropractic therapy, epidural steroid injection, trigger point injection and chiropractic therapy. The current request is for purchase of IF unit including shipping and handling. Per the MTUS guidelines cited above, interferential unit treatment is not recommended as an isolated intervention in the treatment of chronic pain. 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. There is no documentation in the available medical records regarding plan for return to work and simultaneous exercise program. On the basis of the available medical documentation and per the MTUS guidelines cited above, Interferential unit purchase is not indicated as medically necessary.

Electrodes Pack # 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit treatment Page(s): 118.

Decision rationale: This 51 year old female has complained of neck pain, low back pain and bilateral foot pain since date of injury 9/11/12. She has been treated with physical therapy, medications, chiropractic therapy, epidural steroid injection, trigger point injection and chiropractic therapy. The current request is for electrodes pack #4. Per the MTUS guidelines cited above, interferential unit treatment is not recommended, therefore electrodes pack # 4 is not indicated as medically necessary.

Power Packs #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit treatment Page(s): 118.

Decision rationale: This 51 year old female has complained of neck pain, low back pain and bilateral foot pain since date of injury 9/11/12. She has been treated with physical therapy, medications, chiropractic therapy, epidural steroid injection, trigger point injection and chiropractic therapy. The current request is for power packs # 12. Per the MTUS guidelines cited above, interferential unit treatment is not recommended, therefore power packs #12 is not indicated as medically necessary.

Adhesive remover towels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit treatment Page(s): 118.

Decision rationale: This 51 year old female has complained of neck pain, low back pain and bilateral foot pain since date of injury 9/11/12. She has been treated with physical therapy, medications, chiropractic therapy, epidural steroid injection, trigger point injection and chiropractic therapy. The current request is for adhesive remover towels. Per the MTUS guidelines cited above, interferential unit treatment is not recommended, therefore the request for adhesive remover towels is not indicated as medically necessary.

Lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit treatment Page(s): 118.

Decision rationale: This 51 year old female has complained of neck pain, low back pain and bilateral foot pain since date of injury 9/11/12. She has been treated with physical therapy, medications, chiropractic therapy, epidural steroid injection, trigger point injection and chiropractic therapy. The current request is for lead wires. Per the MTUS guidelines cited above, interferential unit treatment is not recommended, therefore the request for lead wires is not indicated as medically necessary.