

Case Number:	CM15-0040044		
Date Assigned:	03/10/2015	Date of Injury:	04/23/2012
Decision Date:	06/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 04/23/12. Initial complaints and diagnoses are not available. Treatments to date include chiropractic therapy, physiotherapy, and acupuncture. Diagnostic studies include reported electro diagnostic stand nerve conduction studies, and a MRI of the lumbar spine, neither of which were available for review in the submitted record. Present in the record are x-rays of the bilateral knees and range of motion studies of the cervical spine. Current complaints include generalized joint/body pain with knee and low back pain. Current diagnoses include musculoligamentous stretch injury to the cervical, thoracic, and lumbar spine, bilateral carpal tunnel syndrome, left hip pain, anxiety/depression, and rule out fibromyalgia. In a progress note dated 12/15/14 the treating provider reports the plan of care as medication including Naprosyn, omeprazole, Capsaicin cream, Xanax, and lidocaine patches, as well as a home interferential unit, and paraffin bath. The requested treatments include is a home interferential unit. There is no documentation of a trial of an interferential unit in the submitted record.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF4 Home Treatment Unit (for purchase): 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 Section 2 Page(s): 118-120.

Decision rationale: CA MTUS does not recommend the use of an Inferential Current Stimulation (ICS) as an isolated intervention. There is limited evidence for its effectiveness when combined with other interventions such as return to work, exercise and medications. Trials have been performed on neck, shoulder, jaw, knee and low back pain. ICS may be possibly appropriate for the following conditions: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case there is no documentation that there are limiting side effects of medication, that there is limited efficacy of medication, that pain does not respond to conservative measures or that there is any history of substance abuse. Additionally, there is no documentation of a one month trial of IF4 home treatment unit, which would be required prior to any approval for purchase. As such, the claimant meets none of the conditions for which coverage of IF4 home treatment unit may be considered and it is not medically necessary. I am upholding the original UR decision.