

Case Number:	CM15-0043163		
Date Assigned:	03/13/2015	Date of Injury:	02/09/2012
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/07/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 02/09/2012. She has reported injury to the neck and right shoulder, and headaches. The diagnoses have included neck sprain; and right shoulder sprain/strain. Treatment to date has included medications, epidural injection, and acupuncture sessions. Medications have included Cyclobenzaprine and Nucynta. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of right shoulder pain with range of motion; pain is rated 6-7/10 on the visual analog scale; and she had an epidural injection to the neck yesterday. Objective findings included right shoulder tenderness with positive impingement and decreased range of motion; tenderness and pain with compression to the cervical spine; tenderness to the thoracic paravertebral muscles; and decreased range of motion to the cervical and thoracic spine. The treatment plan has included right shoulder injection and surgical consultation as per injured worker's request; follow-up evaluations; and an interferential unit to help manage chronic pain, increase function, and increase activities of daily living. Request is being made for IF unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118 and 119.

Decision rationale: Interferential current stimulation (ICS) is 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. There should be a one month trial of home use to determine if functional benefit occurs. In this case there is no documentation of successful one month trial. Criteria for ICS use have not been met. The request is not medically necessary.