

Case Number:	CM15-0046580		
Date Assigned:	03/18/2015	Date of Injury:	07/16/2014
Decision Date:	04/23/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/11/2015

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: New Jersey
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 (IW) is a 37 year old male who sustained an industrial injury on 07/16/2014. Although initially seen for a chemical exposure to potentially hazardous condition, he also reported anxiety and headaches, insomnia and diarrhea secondary to a hostile environment, bullying, and verbal abuse. The injured worker was diagnosed as having anxiety not otherwise specified with depression; psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, abdominal pain/cramping, constipation and diarrhea) stress, and depression. Treatment to date has included evaluation, psychotherapy and prescriptions for Alprazolam, Buspar, and Prosom. Currently (01/28/2015), the injured worker complains of low back pain with associated right lower extremity radicular symptoms. The treatment plan includes work restrictions, and requests for acupuncture, for the lumbar, thoracic and cervical spine, Tylenol #3, random urine screen, an interferential stimulator unit, and a MRI for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was sufficient information to support the consideration for a trial of an interferential unit use along with home exercises, which the worker reported doing. However, the report was for "IF stimulator unit" which does not specify if it is for rental and for how long, and there was no evidence to show this worker had completed a successful trial of an IF unit prior to this request. Therefore, the IF stimulator unit will be considered medically unnecessary as requested.