

Case Number:	CM15-0061677		
Date Assigned:	04/07/2015	Date of Injury:	08/13/2002
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 53 year old female sustained an industrial injury to the neck on 8/13/12. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, Botox injections, Toradol injections and medications. The injured worker underwent C3-4 and C6-7 revision on 11/18/4. In a PR-2 dated 2/18/15, the injured worker reported that the pain was about the same but that she had had a recent flare-up. The injured worker also reported that her neck and upper extremities were better and that she was doing well. Physical exam was remarkable for cervical spine with tenderness to palpation and decreased range of motion with negative Lhermitte's sign and negative Spurling's test. Current diagnoses included status post cervical fusion at C4-6, herniated nucleus pulposus at C3-5 and C6-7 with progressive neurological deficits and status post cervical spine fusion revision. The treatment plan included intramuscular Toradol for pain flare-ups and a trial of an interferential unit in lieu of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (in lieu of Physical Therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) (in lieu of physical therapy) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are status post ACDF C4 - C6; HNP C3 - C4 and C6 - C7 with progressive neurologic deficits; and status post C3 - C4 and C6 - C7 revision November 11, 2014. Subjectively, according to a progress note dated February 18, 2015, the treating physician states physical therapy is going well. The patient has been about the same but also had a recent flare-up. Objectively, there's a normal gait was normal reflex, sensory and power testing to the bilateral upper and lower extremities. The treatment plan is to utilize the Interferential unit (ICS) in lieu of physical therapy. ICS is not recommended as an isolated intervention. ICS is designed to be used in conjunction with physical therapy. A one-month trial is appropriate (after the Patient Selection Criteria are satisfied) to permit the physician and physical therapy provider to study its benefits and effects. There is no one-month trial documented in the medical record. Consequently, absent documentation of a one-month trial documented in the medical record, Interferential unit (in lieu of physical therapy) is not medically necessary.