

Case Number:	CM15-0062974		
Date Assigned:	04/08/2015	Date of Injury:	03/10/2011
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 3/10/2011. Diagnoses include displacement of cervical intervertebral disc without myelopathy, bilateral shoulder impingement syndrome, displacement of lumbar intervertebral disc without myelopathy, sciatica, post-traumatic stress disorder and rule out fibromyalgia. Treatment to date has included medications, physical therapy, acupuncture, chiropractic and psychological treatment. Per the Primary Treating Physician's Progress Report and Report dated 1/12/2015, the injured worker reported severe neck and back pain rated as 8/10. Physical examination of the cervical spine revealed tenderness to the bilateral, cervical, paraspinal and bilateral upper trapezius with reduced ranges of motion. There was midline tenderness at C4-5, C5-6, C6-7 and C7-T1. Distraction test, Spurling's test and Foraminal Compression test were positive bilaterally. Inspection of the bilateral shoulders revealed scapular dyskinesis and tenderness to the deltoid and supraspinatus bilaterally. Examination of the lumbar spine revealed paraspinal tenderness bilaterally and tenderness at L3, L4 and L5 with reduced range of motion. Examination of the bilateral wrists revealed thenar atrophy and restricted ranges of motion. There was moderate tenderness to palpation over the dorsal wrist bilaterally. The plan of care included medications and physical therapy. Authorization was requested for an inferential unit trial for 60 days on 3/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, sixty day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above. Additionally, the request exceeds the CA MTUS recommendation of a one-month trial and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.