

Case Number:	CM15-0063187		
Date Assigned:	05/18/2015	Date of Injury:	02/19/2002
Decision Date:	06/24/2015	UR Denial Date:	03/04/2015
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: Texas, California

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:

This is a 60 year old male patient, who sustained an industrial injury on 2/19/02. The diagnoses have included cervical and lumbar intervertebral disc displacement without myelopathy and thoracic spine strain/sprain. Per the physician progress note dated 2/13/15, he had complains of cervical, thoracic, lumbar, right and left sacroiliac, right and left pelvic, right and left shoulder, and left and right leg, knee, calf, ankle, foot and shin pain at 9/10 on pain scale, at its worst at 10/10 and at its best at 6/10. He reported numbness and tingling in the right shoulder, left shoulder, cervical, thoracic, lumbar, sacroiliac, pelvic and left and right legs approximately 100 percent of the time. He reported anxiety and stress and that he feels better with the medications. He reported that the symptoms get worse with activities. The objective findings revealed blood pressure 178/108 and weighs 205 pounds, decreased cervical range of motion in flexion, extension, right lateral flexion and left lateral flexion, decreased lumbar range of motion in flexion, extension, left lateral flexion, right lateral flexion, left rotation and right rotation. The medications list includes topical creams. There was no recent or past diagnostic studies noted in the records. He has had physical therapy and home exercise program (HEP) for this injury. Treatment plan was to get updated X-rays of the thoracic spine, topical creams and return to office in 4 weeks. The physician requested treatment included 60 days initial trial of home Interferential Unit (IF) unit for the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 days initial trial of home interferential stimulator unit: 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 Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: 60 days initial trial of home interferential stimulator unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Per the cited guideline While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.) There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The request for 60 days initial trial of home interferential stimulator unit is not medically necessary for this patient at this juncture.