

Case Number:	CM15-0065552		
Date Assigned:	04/13/2015	Date of Injury:	06/09/2014
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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: California, North Carolina
 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 is a 61 year old female, who sustained an industrial injury on 6/09/2014. She reported a slip and fall, landing backwards. The injured worker was diagnosed as having sprain/strain of the neck, dizziness, thoracic strain, and sprain/strain of other specified sites of knee or leg. Treatment to date has included diagnostics, chiropractic, medications, and physical therapy. A progress report, dated 10/14/2014, noted complaints of memory difficulty, headaches, dizziness, and pain in her cervical, thoracic, and lumbar spines, and bilateral knee pain. Pain was described as moderate. At that time, the treatment plan included an Interferential home unit to increase range of motion, increase activities of daily living, and decrease pain/spasm. On 12/03/2014, the injured worker complained of pain in the cervical spine, rated 7-8/10, lumbar spine rated 8.5/10, right knee at 8/10, and left knee at 9/10. Relief was documented from rest and medication. An order dated 12/02/2014 and signed on 3/10/2015, noted that the injured worker completed a trial using the Interspec IF Sequential Stimulator, and it was effective, with recommendation for purchase for further long term use. Use of the device as a trial was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Sequential Stimulator/Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) IFC units.

Decision rationale: This claimant suffered a slip and fall injury on 06/09/2014 and the request is for an IFC unit for treatment of chronic pain. The claimant most recently complained of neck, upper and lower back and bilateral knee pain. The request does not make clear which body are the IFC is being recommended for. While it appears that the patient underwent a trial with the unit, the medical records do not detail the results of the trial, including functional gains or therapeutic benefit. The ODG does not recommend IFC as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, such as return to work, exercise and medications and evidence of clinical improvement. Thus the request is deemed not medically necessary at this time with the limited information provided.