MAXIMUS Federal Services

Case Number:	CM15-0071348		
Date Assigned:	04/21/2015	Date of Injury:	08/19/2004
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 58 year old female who sustained an industrial injury on 08/19/2004. Current diagnoses include cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, chronic low back, and bilateral carpal tunnel syndrome. Previous treatments included medication management, cervical fusion, physical therapy, psych evaluation, acupuncture, and injections. Previous diagnostic studies included an MRI. Initial complaints occurred as a result of a motor vehicle accident. Report dated 03/16/2015 noted that the injured worker presented with complaints that included continued pain the lower back, legs, neck, shoulders, and hands. Also noted is headaches, appetite changes, sleep disturbances due to pain and psychological. Physical examination was positive for abnormal findings. The treatment plan included request for authorizations for medical transportation, IF unit, EMG/NCV, administered trigger point injection, refilled medications, continues to need lumbar fusion, and return in 6-8 weeks. Disputed treatments include purchase of interfential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interfential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: Purchase of an interfential unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation dated 1/28/15 states that the patient's pain is decreased 50% with her medication and she is able to sleep, walk, sit and stand therefore there is no indication that the patient's pain is ineffectively controlled. The documentation does not support the medical necessity of the interferential unit purchase. The request IS NOT medically necessary.