

Case Number:	CM15-0079227		
Date Assigned:	04/30/2015	Date of Injury:	07/25/2011
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

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 56 year old male, who sustained an industrial injury on July 25, 2011. He has reported neck pain, back pain, arm pain elbow pain, wrist pain, hand pain, leg pain, knee pain, ankle pain, and foot pain. Diagnoses have included intervertebral disc disorder of the cervical spine, intervertebral disc disorder of the lumbar spine, sciatica, and failed lumbar epidural injection. Treatment to date has included medications, physical therapy, injections, surgery, and imaging studies. A progress note dated March 12, 2015 indicates a chief complaint of neck pain, bilateral shoulder pain, bilateral arm pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, lower back pain, bilateral leg pain, bilateral knee pain, bilateral ankle pain, and bilateral foot pain. The injured worker also complained of numbness and tingling of the bilateral hands. The treating physician documented a plan of care that included a trial of an interferential unit for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator (initial trial) for the cervical spine: Upheld

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

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

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic widespread pain. When seen, pain was rated at 7-9/10. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive straight leg raising. Authorization for an interferential stimulation unit over 90 days with a 60 day rental trial was requested. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, a 90 day trial was requested, which is in excess of what would be needed to determine whether continued use was warranted. Therefore, the request was not medically necessary.