

Case Number:	CM15-0079934		
Date Assigned:	04/30/2015	Date of Injury:	03/24/2013
Decision Date:	06/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 26-year-old, female who sustained a work related injury on 3/24/13. The diagnoses have included cervical spine strain and lumbar spine strain. The treatments have included modified work duty and exercises. In the PR-2 dated 11/18/14, the injured worker complains of cervical spine and lumbar spine pain. This medical record is hard to decipher. She complains of other pain. The treatment plan is a request for transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 02/27/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation.

Decision rationale: The MTUS Guidelines are silent on this issue. Transportation may be needed for those requiring medical visits and/or treatments when the worker is unable to provide transportation due to the worker's disabilities. The submitted and reviewed documentation indicated the worker was experiencing right wrist pain, stiffness, and weakness. There was no discussion sufficiently describing the reason the worker was unable to provide transportation due to the worker's disabilities or sufficiently supporting this request. Further, this request was for an indefinite amount of time and included all unspecified office visits, which would not account for changes in the worker's care needs. In the absence of such evidence, the current request for transportation to and from all office visits indefinitely is not medically necessary.

Inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing right wrist pain, stiffness, and weakness. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for the unspecified rental or purchase of an interferential unit is not medically necessary.