

Case Number:	CM15-0095008		
Date Assigned:	05/21/2015	Date of Injury:	10/05/2010
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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

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 50-year-old male, who sustained an industrial injury on 10/5/10. He reported initial complaints of cumulative trauma. The injured worker was diagnosed as having bilateral shoulder arthroscopies; bilateral wrist/forearm tendinitis, bilateral de Quervain's tenosynovitis; bilateral carpal tunnel syndrome; cervical sprain/strain; multilevel degenerative disc disease; lumbar facet arthritis/syndrome; lumbar radiculopathy; bilateral sacroiliac pain; stenosis. Treatment to date has included status post right shoulder arthroscopy, debridement (1/25/13); status post left shoulder arthroscopy (3/14/13); physical therapy; transforaminal epidural steroid injections (11/17/14 and 2/23/15); medications. Currently, the PR-2 notes dated 1/23/15 indicated the injured worker had a L3-L4 and L4-L5 Transforaminal epidural steroid injection 11/17/14. His last office visit after that injection was 12/16/14. He reports on this date that the lumbar spine pain has decreased and is rated 8/10. The injection provided 70% relief for two weeks and he is scheduled for a second injection on 2/16/15. The injured worker notes the heaviness in the lumbar spine has decreased as well as the ache and sharp sensations however, his leg symptoms persist. A physical examination was completed on this date. There is diffuse tenderness to palpation over the lumbar paraspinal musculature with moderate facet tenderness over L4-S1. The sensory examination notes decreased sensation in the bilateral L3 and L4 dermatomes. The provider's treatment plan is for continue his present medications of Norco and Cyclobenzapine, random urine drug screening, LSO brace for home use and follow-up in 4 weeks. The provider has requested a purchase of Interferential Unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy/Interferential Current.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit Page(s): 117-118.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.