

Case Number:	CM15-0121666		
Date Assigned:	07/02/2015	Date of Injury:	09/29/2014
Decision Date:	10/26/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 9-29-14 when a freezer lid slammed on her head, right upper back and right shoulder. Since the injury, she was very sore to touch over the head and shoulder. Diagnoses include post-concussion syndrome with headache; cervical and thoracic sprain, strain; cervical and thoracic myofascitis; cervical disc protrusion; right shoulder strain, sprain; right shoulder muscle spasm. She currently (5-12-15) complains of frequent throbbing headache radiating to the neck with a pain level of 5-6 out of 10; constant, throbbing achy neck pain and stiffness; frequent, throbbing upper to mid back pain and stiffness (5 out of 10); constant, throbbing right shoulder pain and stiffness radiating to the neck (6-7 out of 10). Her overall pain level per 10-9-14 note was 6 out of 10. On physical exam the upper extremity dermatome sensation was intact, motor strength and deep tendon reflexes were normal and neurological head exam was normal. The cervical spine exam revealed decreased and painful range of motion, 3+ tenderness to palpation, muscle spasms, with cervical compression test causing pain; thoracic exam revealed decreased and painful range of motion, 3+ tenderness to palpation and muscle spasms; right shoulder exam revealed decreased and painful range of motion, 3+ tenderness to palpation of lateral shoulder and trapezius, muscle spasms, supraspinatus press and Hawkin's caused pain. Diagnostics include MRI of the thoracic spine (10-20-14) unremarkable; MRI of the cervical spine (10-20-14) showing small posterior disc protrusions at C3-4, C5-6 and C6-7, small perinueral cysts; MRI of the thoracic spine (10-20-14) unremarkable. Treatments to date include acupuncture (10 sessions); physical therapy (10 sessions); chiropractic therapy; home exercise program; gym program; neck brace; medications

Flexeril, ibuprofen, Prilosec, mentherm cream; trigger point injections; functional capacity evaluation (12-16-14). In the 5-12-15 progress note the treating provider's plan of care included requests for interferential 4000 unit; follow up for evaluation. On 5-20-15 utilization review evaluated and non-certified the requests for interferential 4000 unit based on no documentation of concurrent functional restoration program and guidelines indicate that it should be used as part of this program; follow up for evaluation based on no specific objective findings that indicate a significant change in the clinical presentation that would support specific questions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) 4000 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore, this request is not medically necessary.

Follow up for evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. A prior physician review states that no rationale has been provided for the requested follow-up, which would be a follow-up with a prior PM&R consultant. Given the patient's ongoing pain not resolved for over 6 months at the time of this request, a follow-up PM&R consultation regarding treatment recommendations would be supported by the treatment guidelines. Therefore, this request is medically necessary.