

<b>Case Number:</b>	CM13-0061855		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who reported a work-related injury on 01/18/2013 after being struck in the head by a student at work. The patient has undergone physical therapy sessions, but reported the strengthening exercises caused numbness and tingling down her arm. MRI of the cervical spine revealed minimal degenerative changes at C5-6 and C6-7 with no significant central canal or neural foraminal stenosis throughout the cervical spine. Recent clinical documentation stated the patient complained of left upper extremity numbness in hand and neck. Cervical range of motion was decreased by 50% and the patient had guarded patterns. It was noted as the patient appeared depressed and concern with long-term use of medications, a 30 days trial of ART interferential stimulator was recommended for the patient to reduce muscle spasms of the cervical and thoracic regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT (DME): 30 DAY TRIAL ART (ADVANCE REHABILITATION TECHNOLOGY) INTERFERENTIAL STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

**Decision rationale:** California Medical Treatment Guidelines for chronic pain state interferential current stimulation of not recommended as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications and there is limited evidence of improvement on those recommended treatments alone. There was no documentation stating the patient had continued with physical therapy treatments or a home exercise program to be used in conjunction with the 30 days trial of advanced rehabilitation technology interferential stimulator per guideline criteria. There was no evidence given the patient's pain was ineffectively controlled due to diminished effectiveness of medications or that medications had side effects per guideline criteria for interferential stimulation. Therefore, the decision for durable medical equipment: 30 days trial ART (advanced rehabilitation technology) interferential stimulator is non-certified.