

<b>Case Number:</b>	CM13-0069597		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 injured worker sustained a work related injury on September 5, 2012, working as a courtroom clerk. The injured worker reported gradually developing pain, numbness, and weakness at the right hand and fingers due to repetitive continuous activities. An orthopedic evaluation was performed on November 9, 2012, where the physician noted the injured worker with numbness, pain, tingling, and symptoms involving the neck shoulder, and arm. X-rays taken of the cervical spine during the evaluation were noted to show decrease of the cervical lordosis. X-rays taken of the wrists were noted to be negative. The Physician noted the diagnostic impressions of history of cervical strain, musculoskeletal, rule out herniated disc, and bilateral upper extremity complaints with carpal tunnel and ulnar nerve symptoms, worse on the right, with the left improving. The injured worker's conservative treatments included wrist braces, physical therapy, and oral medication. A MRI of the cervical spine on April 29, 2013, noted cervical spasm, concentric disc bulges at the C3-4, C4-5, and C6-7 levels, with asymmetric disc protrusion posterior to the right at the C5-6 level, and mild bilateral C3-4, C4-5, and C5-6 bony foraminal narrowing. Electrodiagnostic studies performed on April 30, 2013, were noted to show decreased nerve conduction velocity on the ulnar nerve across the right elbow when compared with the nerve conduction velocity on proximal and distal portion of the nerve. The Primary Treating Physician's report of September 18, 2013, noted the injured worker dealing with flare-up of the symptoms with ongoing neck pain and right upper extremity complaints. The Physician noted the diagnoses of chronic cervical strain with right arm symptoms, tendinitis of the right upper extremity, and nerve compression. The Physician noted the injured worker motivated, working with difficulty while waiting for authorization of therapy, acupuncture treatments, and pain management. The Primary Treating Physician requested authorization for an Interferential Unit purchase, and purchase of 18 pairs of electrodes on November 18, 2013. On

December 2, 2013, Utilization Review evaluated the request for purchase of an Interferential Unit and 18 pairs of electrodes citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the medical records did not establish that the injured worker's pain was ineffectively controlled due to diminished effectiveness or side effects of medications. The injured worker did not have a history of substance abuse, pain from postoperative conditions, and had not been unresponsive to conservative treatments per the UR Physician. The UR Physician noted that these were indications that would have made an interferential stimulation device a consideration, but without these indications the recommendation was for non-certification of the interferential unit and electrodes purchase. The decisions were subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME Interferential Unit- Prurchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Chapter (ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54, 114-116, 118-120..

**Decision rationale:** The MTUS states that inferential current units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." The MTUS further details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." The medical documents do not indicate that the patient's pain is ineffectively controlled with current modality, history of substance abuse, post-operative pain, or unresponsive to conservative measures. As such, the request for DME Interferential Unit- Prurchase is not medically necessary.

**DME Electrodes (18 Pairs) Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Chapter (ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54, 114-116, 118-120..

**Decision rationale:** The MTUS states that inferential current units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." MTUS further details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." Because the medical documents do not meet the criteria for interferential unit. Therefore, the electrodes that accompany the unit is also not necessary. As such, the request for DME Electrodes (18 Pairs)- Purchase is not medically necessary.