

<b>Case Number:</b>	CM13-0071173		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 51 year old female who reported an injury on 10/10/2013. The injury reportedly occurred when the wheel came off the injured workers chair causing her to fall on her right side. The injured worker reported injury to her neck, right knee, right hand, and right wrist. Per the clinical note dated 10/23/2013 the injured worker still reported pain to the right wrist and neck. The physician was requesting acupuncture treatments, chiropractic therapy, motorized cold therapy and topical pain cream in addition to the interferential unit. Per the orthopaedic report dated 10/23/2013 the injured worker reported constant intermittent moderate to severe pain to the cervical spine which increased with side to side movement, flexing, extending, reaching or lifting. The injured worker rated the cervical pain at 6/10. Per the physical exam the injured worker had Spurling's, Valsalva, Lhermitte's and cervical compression tests that were all negative. The injured worker was also noted to have full range of motion to the cervical spine. Examination of the right wrist also reported full range of motion and negative results for Tinel's, Phalen's, and Finkelstein's tests. The diagnoses reported for the injured worker were cervical spine sprain/strain, and right hand sprain/strain. The request for authorization for medical treatment was dated 11/14/2013.

### 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 MONTHLY SUPPLIES ( CERVICAL SPINE AND RIGHT HAND):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

**Decision rationale:** The CA MTUS Guidelines do not recommended interferential current stimulation 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 randomized trials that have evaluated the effectiveness of this treatment for cervical neck pain were either negative or non-interpretable for recommendation due to poor study design and methodology. The guidelines state the unit may be appropriate for the following conditions, pain that is ineffectively controlled due to diminished effectiveness of medications or due to medications side effects, history of substance abuse, when significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or when the injured worker is unresponsive to conservative measures. If the 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. There should be evidence of increased functional improvement, less reported pain and evidence of a reduction in medication use. There was a lack of documentation regarding the one month trial of this unit and the functional improvements related to that trial. There was also a lack of documentation regarding medication efficacy and side effects that would prevent the use of medications. Furthermore, there is a lack of documentation regarding functional improvements with physical therapy and no documentation regarding the acupuncture or chiropractic visits. There was a lack of objective documentation related to any functional improvements in the injured worker's neck and right wrist. Therefore, the request for an interferential unit and monthly supplies for the cervical spine and right hand is not medically necessary and appropriate.