

<b>Case Number:</b>	CM13-0071854		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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:

This 31 year-old patient sustained an injury on 4/14/11 from being struck in the head by a dehumidifier while employed by [REDACTED]. Request(s) under consideration include Surgi-Stim IF Unit times 90 days. Diagnoses include cervical and lumbar sprain/strain and Right shoulder impingement. The patient continues to treat for chronic ongoing symptoms in the low back and lower extremity. MRI of the cervical spine dated 6/2/11 showed multilevel disc protrusion without significant canal or neural foraminal stenosis. Conservative care has included physical therapy, chiropractic care, acupuncture, medications, hot/cold medi-pak, modified activities/rest, and injections/blocks. There was no indication the patient has had trial of TENS unit or what response if any from treatment rendered. Hand-written illegible report of 10/30/13 from the provider noted patient with cervical spine pain with radiculitis, numbness and tingling; right shoulder pain and weakness. Exam showed tenderness and spasm at cervical spine; tender SA,AC, SSS periscapula, Trapezius; decreased sensation (non-specific). It was noted the patient began total disability on 2/13/13 to continue approximately to 3/7/14. Request(s) for Surgi-Stim IF Unit times 90 days was non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgi-Stim Unit times 90 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

**Decision rationale:** This 31 year-old patient sustained an injury on 4/14/11 from being struck in the head by a dehumidifier while employed by [REDACTED]. Request(s) under consideration include Surgi-Stim IF Unit times 90 days. Diagnoses include cervical and lumbar sprain/strain and Right shoulder impingement. The patient continues to treat for chronic ongoing symptoms in the low back and lower extremity. MRI of the cervical spine dated 6/2/11 showed multilevel disc protrusion without significant canal or neural foraminal stenosis. Conservative care has included physical therapy, chiropractic care, acupuncture, medications, hot/cold medi-pak, modified activities/rest, and injections/blocks. There was no indication the patient has had trial of TENS unit or what response if any from treatment rendered. Hand-written illegible report of 10/30/13 from the provider noted patient with cervical spine pain with radiculitis, numbness and tingling; right shoulder pain and weakness. Exam showed tenderness and spasm at cervical spine; tender SA,AC, SSS periscapula, Trapezius; decreased sensation (non-specific). It was noted the patient began total disability on 2/13/13 to continue approximately to 3/7/14. Request(s) for Surgi-Stim IF Unit times 90 days was non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Surgi-Stim Unit times 90 days is not medically necessary and appropriate.