

<b>Case Number:</b>	CM14-0003711		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 patient is an employee of [REDACTED] who has submitted a claim for low back, leg, neck, and arm pain from an associated industrial injury date of March 21, 2011. The treatment to date has included medications, post-op physical therapy and cervical discectomy and fusion C6-C7. Medical records from 2012-2013 were reviewed showing that the patient complained of low back, leg, neck, and arm pain. On physical examination, cervical incision is well healed. Motor is intact in the bilateral upper and lower extremities. DTRs are hyperactive in the bilateral upper and lower extremities. Hoffman's sign and Clonus is positive bilaterally. Sensation is intact in the bilateral upper and lower extremities. X-ray of the cervical spine done on October 8, 2013 revealed fusion is in progress. MRI of the cervical spine done on July 7, 2011 revealed Arnold Chiari Malformation with cord atrophy along with 3mm disc extrusion at C6-C7 with bilateral neuroforaminal stenosis. The utilization review from December 23, 2013 denied the request interferential unit rental (x2 months rental) and electrode packs (x8 packs), power pack (x24), adhesive remover towel mist (x32) and leadwire (x1) because there is no mention of failure of conservative treatment and postoperative treatment appears to be ongoing. There was also no mention of any benefit from any particular type of electrostimulation in the setting of formal physical therapy. There was no mention of a trial of TENS and MTUS guideline does not support multilevel electrostimulation units or any particular proprietary brand device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL UNIT RENTAL (X2 MONTHS RENTAL): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, TENS

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

**Decision rationale:** According to pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post operative conditions limiting treatment, or unresponsive to conservative measures. In this case, the patient has significant low back, leg, neck and arm pain but it is unclear whether conservative treatment measures were effective as the post-operative physical therapy is still ongoing. There were no pain scores or overall measure of the patient's functional capacity to deem medications as being insufficient. Furthermore, the present request of 2 months rental exceeded the guideline recommendation of a one-month trial. Therefore, the request for interferential unit rental (x2 months rental) is not medically necessary.

**SUPPLIES: ELECTRODES PACKS (X8 PACKS), POWER PACK (X24), ADHESIVE REMOVER TOWEL MINT (X32), LEADWIRE (X1): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational and Environmental Medicine, TENS.

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

**Decision rationale:** According to pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post operative conditions limiting treatment, or unresponsive to conservative measures. In this case, the patient has significant low back, leg, neck and arm pain but it is unclear whether conservative treatment measures were effective as the post-operative physical therapy is still ongoing. There were no pain scores or overall measure of the patient's functional capacity to deem medications as being insufficient. Therefore, the request for supplies: electrodes packs (x8 packs), power pack (x24), adhesive remover towel mint (x32), leadwire (x1) is not medically necessary.

