

<b>Case Number:</b>	CM14-0015545		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery 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 70 year old female whose date of injury is 07/25/2011. The mechanism of injury is described as a fall at work. The injured worker underwent cervical epidural steroid injection on 12/17/12 and 03/19/13. Progress report dated 01/30/14 indicates the injured worker has participated in physical therapy for neck and shoulder; the number of visits is unknown. Diagnoses are depression, post concussion syndrome, headache, cervical strain, head injury, right elbow contusion resolved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) MONTHS RENTAL OS A MEDS4 INTERFERENTIAL UNIT STIMULATOR, WITH 3 MONTHS OF ELECTRODES FOR THE CERVICAL SPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS- INTERFERENTIAL STIMULATION, ,

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

**Decision rationale:** Based on the clinical information provided, the request for a three month rental OS A Meds4 interferential unit stimulator with three months of electrodes for the cervical spine is not recommended as medically necessary. California MTUS guidelines do not recommend interferential current stimulation as an isolated intervention. If criteria are met, California MTUS would support a one month trial, and the current request is excessive. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore the request is not medically necessary.

**ONE CONDUCTIVE GARMENT FOR PURCHASE FOR THE CERVICAL SPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS- INTERFERENTIAL STIMULATION, ,

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

**Decision rationale:** Based on the clinical information provided, the request for conductive garment for purchase for the cervical spine is not recommended as medically necessary. The concurrent request for interferential unit stimulator is non-certified, and therefore, the requested conductive garment is not supported as medically necessary.