

<b>Case Number:</b>	CM14-0018813		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Internal 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 (IW) is a 36-year-old man with a date of injury of April 12, 2013. The IW was employed as a general laborer who was responsible for working in the kitchen, preparing food, maintaining cleanliness of the restaurant and other duties. As a result of his activities, the IW gradually developed symptoms. On October 26, 2009, the IW was pushing racks when a box from the top of the rack fell and struck the IW on the head and neck. On April 12, 2013, the IW suffered from mental illness due to constant daily tasks. Pursuant to the Doctor's First Report of Injury or Illness dated January 8, 2014, the IW complained of headaches, and pain in the back, neck, bilateral shoulders and upper arm. He also had psychiatric complaints and sleeping complaints. On physical examination, the IW appeared to be in slight distress. He had a swollen nose bridge. Cervical spine was tender to palpation and spastic with decreased range of motion. Bilateral shoulder were tender to palpation anteriorly, posteriorly, over the right clavicle, right deltoid muscle, right rotator cuff muscles with decreased range of motion. Deep tendon reflexes were decreased in the anterolateral shoulder and arm. Deep tendon reflexes were noted in the right lower extremity at 1+/2+. Motor strength was decreased in the bilateral lower extremities at 4/5. Sensation was decreased in the right anterolateral thigh, anterior knee and medial leg. The IW was diagnosed with head pain; cervical musculoligamentous strain/sprain; lumbosacral-musculoligamentous strain/sprain with radiculitis, rule-out lumbosacral spine discogenic disease; bilateral shoulder strain/sprain; right shoulder impingement syndrome; depression and situational sleep disturbance secondary to pain. Current medications include: Fluriflex 180gm, TGHOT 180gm, and Tramadol 50mg. Physical therapy evaluation and treatment for the cervical spine, thoracic spine, and bilateral shoulder is recommended 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOT AND COLD UNIT FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SUMMARY OF RECOMMENDATIONS AND EVIDENCE, NECK AND UPPER BACK COMPLAINTS, 181-183

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Cold/Hot Packs

**Decision rationale:** Pursuant to the Official Disability Guidelines, hot and cold units for purchase are not medically necessary. Cold packs are recommended as an option for acute pain. There is minimal evidence supporting the use of cold therapy, but the therapy has been found to be helpful for pain reduction and return to normal function. In this case, the date of injury was April 12, 2013. The injuries sustained were musculoligamentous strain/strain with radiculitis. The use of cold packs is helpful during the initial days after the injury. This injury is approximately 18 months old. Additionally, there is minimal evidence supporting the use of cold therapy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines the Hot and Cold Unit for purchase is not medically necessary.

**IF UNIT (INTERFERENTIAL UNIT) FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: INTERFERENTIAL CURRENT STIMULATION (ICS), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 120

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, the Interferential Unit for purchase is not medically necessary. The guidelines state that while not recommended as an isolated intervention, the patient selection criteria should be documented by the medical care provider for the Interferential Current Stimulation (ICS) to be medically necessary. These criteria are enumerated in the Official Disability Guidelines. If the criteria are met, then a one month trial may be appropriate to permit the physician and physical therapy provided to study the effects and benefits there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the treating physician requested the inferential current stimulation unit for purchase. The criteria set forth a one-month trial with increased functional improvement, less reported pain and evidence of medication reduction. Additionally the documentation does not reflect conservative measures that were undertaken through the present to the ICS unit. Based on

the clinical information in the medical record and the peer-reviewed evidence-based guidelines the Interferential unit is not medically necessary.