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| <b>Case Number:</b>   | CM14-0118814 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 12/07/2012 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2014 |

### 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 Physical Medicine & 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:

The underlying date of injury in this case is 12/07/2012. The treating diagnoses include cervical disc bulges with a right C6 radiculopathy and a right cervical and trapezius strain with myofascial pain. On 02/14/2014, the patient was seen in primary treating physician follow-up and had attended three sessions of chiropractics, which the patient felt had been helpful in reducing pain and improving range of motion. The patient continued with pain in the right neck and trapezius. On 06/16/2014, a primary treating physician PR-2 report was only partially legible but appeared to indicate that the patient was clinically improving. A PR-4 physician permanent and stationary report of 06/19/2014 noted the patient had improved and recommended future physical therapy to include physical therapy or acupuncture as well as ongoing use of a transcutaneous electrical nerve stimulation (TENS) unit since an initial trial of a TENS proved to be effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANDME/interferential unit with electrodes, skin prep pads for 2-month rental and supplies:** 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 Stimulation Page(s): 118.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, beginning on page 118, states that interferential stimulation is not recommended as an isolated intervention. The guidelines state that interferential stimulation may be affective as a second-line treatment when pain is ineffectively controlled with initial treatment including medications and transcutaneous electrical nerve stimulation (TENS). The medical records in this case do not document such a situation. Rather, first-line treatment has been effective in this case. A rationale for additional treatment to include interferential stimulation rather than TENS is not supported by the treatment guidelines. This request is not medically necessary.