

<b>Case Number:</b>	CM14-0047212		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

This is a 50-year-old female with a 3/20/13 date of injury after a door landed on her pinning her to the ground. The patient was seen on 3/12/14 with complaints of cervical pain, stiffness, and muscle spasms, 9/10. Exam findings revealed pain over the cervical spine with tenderness and spasm and decreased sensation (unspecified location). Plain X-Ray films note a disc herniation at C5/6. The patient was approved for a spine surgery consult. The diagnosis is lumbar disc displacement and cervicalgia. Treatment to date has consisted of medications. The UR determination dated 3/25/14 denied the request given the AECOM guidelines to not support this treatment modality for the patient's cervical condition. In addition there is insufficient documentation to rationalize a 60-day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 day rental of Interferential (IF) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. AECOM guidelines do not recommend IF therapy for acute, sub-acute, or chronic neck pain. This patient has cervicgia, and neck pain is not a criteria for IF therapy. In addition, the request is for two months whereas a trial is one month long. It is unclear why a 2-month trial is necessary in this case. Therefore, the request for an IF unit 60 day rental was not medically necessary.