

<b>Case Number:</b>	CM14-0054872		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 and 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:

This 37 year-old male cable installer sustained an injury on 6/24/13 when installing a metal cable box; the lid struck him on the head, causing a fall off a six-foot ladder while employed by [REDACTED]. The patient was medically evaluated with x-rays taken and sent home with medication prescribed. The patient sought legal representation and is treating with current chiropractic provider since September 2013. Report of 9/12/13, Diagnoses includes dizziness, cephalgia, post-concussion syndrome, cervical spine intervertebral disc syndrome/radiculopathy, myofascial pain syndrome, insomnia, and stress/anxiety. Conservative care has included diagnostic MRI and EMG/NCV, acupuncture, physiotherapy, functional capacity evaluation, psychological evaluation, medications, and shockwave therapy for cervical spine, modified activities/rest. Exam showed tenderness to palpation of para-cervical, sub occipital muscles; positive compression test; positive shoulder depression testing; pain with range of motion; positive cervical distraction testing; and diffuse decreased in range of motion (unspecified body joint). The patient was to remain TTD until 10/24/13. The interferential unit and supplies were purchased on 10/21/13. Request under consideration include Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013. The request for Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013 was non-certified on 3/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118; Interferential Current Stimulation (ICS) Page(s): 115-118.

**Decision rationale:** This 37 year-old male cable installer sustained an injury on 6/24/13 when installing a metal cable box; the lid struck him on the head, causing a fall off a six-foot ladder while employed by [REDACTED]. The patient was medically evaluated with x-rays taken and sent home with medication prescribed. The patient sought legal representation and is treating with current chiropractic provider since September 2013. Report of 9/12/13, Diagnoses includes dizziness, cephalgia, post-concussion syndrome, cervical spine intervertebral disc syndrome/radiculopathy, myofascial pain syndrome, insomnia, and stress/anxiety. Conservative care has included diagnostic MRI and EMG/NCV, acupuncture, physiotherapy, functional capacity evaluation, psychological evaluation, medications, and shockwave therapy for cervical spine, modified activities/rest. Exam showed tenderness to palpation of Para cervical, sub occipital muscles; positive compression test; positive shoulder depression testing; pain with range of motion; positive cervical distraction testing; and diffuse decreased in range of motion (unspecified body joint). The patient was to remain TTD until 10/24/13. The interferential unit and supplies were purchased on 10/21/13. Request under consideration include Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013. The request for Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013 was non-certified on 3/27/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Retrospective request for purchase of Interferential Unit, Electrodes, Batteries, and Lead Wires DOS 10/21/2013 is not medically necessary and appropriate.