

<b>Case Number:</b>	CM14-0133990		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 43-year-old woman with a date of injury of 06/04/2013. A treating physician note dated 07/08/2014 identified the mechanism of injury as use of a less ergonomic desk, resulting in neck and shoulder pain. Treating physician notes dated 01/31/2014, 06/02/2014, and 07/08/2014 indicated the worker was experiencing neck and upper back pain that went into the arms, left shoulder pain, and arm numbness with tingling. Documented examinations described tenderness and spasm in the neck and upper back muscles with decreased motion in the upper back joints, positive Spurling sign and axial head compression testing on both sides, and decreased motion in the mid-back joints. The submitted and reviewed documentation concluded the worker was suffering from cervical disk disease, cervical radiculopathy, and left shoulder strain/sprain. Treatment recommendations included oral pain medications, medication injected near the spinal nerves, urinary drug screen testing, continued home exercise program, a thirty-day trial with an interferential unit, and follow up care. A Utilization Review decision was rendered on 08/06/2014 recommending non-certification for a thirty-day rental of an interferential unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit, rental for 30 days for home use:** 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 Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation concluded the worker was suffering from cervical disk disease, cervical radiculopathy, and left shoulder strain/sprain. There was no discussion suggesting the worker's medications were no longer providing benefit, had intolerable negative effects, or other issues as described above. In the absence of such evidence, the current request for a thirty-day rental of an interferential unit for home use is not medically necessary.