

<b>Case Number:</b>	CM14-0179839		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 male worker was working as a truck driver. While driving, he had to stop suddenly causing injury to his head, bilateral shoulders and right knee. The date of injury was April 30, 2014. Primary diagnosis is sprain of the neck. On evaluation dated September 24, 2014, he was symptomatic with pain involving the left shoulder and deltoid. He experienced numbness and paresthesias of the fourth and fifth digits of both hands. The symptoms were noted to be constant, especially in the morning, reaching an 8 on a 10-point scale of severity. Casual gait was intact. An MRI of the cervical spine was performed on July 31, 2014. Findings included mild spondylitic degenerative changes at several levels with posterolateral spurring and minor disc bulging. Otherwise the test results were unremarkable. The work status report mentioned a knee support. His work restrictions included limited standing or walking to 8 hours per day, limited overhead work, no kneeling or squatting, limited lift, limited push and limited pull up to 10 pounds. In physician's report dated May 7, 2014, a note indicated start physical therapy but the record was lacking any physical therapy notes. A prospective request was made for 1 interferential stimulation unit, 6 physical therapy sessions and 1 right knee brace. On October 6, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential stimulation unit (through Cyress care): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118-119.

**Decision rationale:** Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case documentation does not support the presence of any of the listed indications. The patient is continuing physical therapy. In addition there is no documentation regarding return to work. The request is not medically necessary.