

<b>Case Number:</b>	CM14-0202767		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/16/2002
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Montana. 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 has states of injury of February 2001 through February 2002, April 2002 through April 2009 and 9/16/02. The mechanism of injury is not documented in the medical records provided. She does have ongoing complaints of chronic neck pain radiating to both upper extremities and chronic low back pain radiating to the lower extremities. She also complains of knee pain. Her diagnoses are cervical sprain/strain with chronic cervical pain, chronic low back pain with herniated disc at L5-S1 resulting in neural foraminal compromise and nerve root compression/radiculopathy, left and right knee internal derangements, myofascial cervical pain for greater than 3 months, medication-induced gastritis, systemic rheumatoid arthritis and status post bilateral hip replacements. Treatment has included physical therapy with home exercises, and medications including Suboxone, FexMid, Neurontin, Anaprox DS, Prilosec, Lidoderm patch, and Topamax. She also has medications for rheumatoid arthritis. She has received cervical trigger point injections which provided approximately one week of relief. The primary treating physician has requested retrospective approval for 4 trigger point injections for the posterior cervical pain completed on 10/16/14 and interferential unit for ongoing neck and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 4 trigger point injections for posterior cervical pain completed on 10/16/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Trigger Point Injections.

**Decision rationale:** The MTUS states that, while not recommended as an isolated intervention, interferential current stimulation devices are possibly appropriate if pain is ineffectively controlled due to diminished effectiveness of medication or side effects, if there is a history of substance abuse, if there is significant pain from postoperative conditions or the injured worker is unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The medical records provided do indicate that pain is unresponsive to other conservative measures. The Utilization Review on 11/5/14 modified the request for the interferential stimulator, allowing a one-month trial period consistent with the MTUS guidelines. Continued use would be dependent on documentation of increased functional improvement, less reported pain and evidence of medication reduction. Such documentation is not available currently. The request for interferential unit for ongoing neck and low back is not medically necessary.

**Interferential unit for ongoing neck and low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Interferential Current Stimulation (ICS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy/ Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The MTUS states that, while not recommended as an isolated intervention, interferential current stimulation devices are possibly appropriate if pain is ineffectively controlled due to diminished effectiveness of medication or side effects, if there is a history of substance abuse, if there is significant pain from postoperative conditions or the injured worker is unresponsive to conservative measures. If these criteria are met, then a one-month trial may be

appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The medical records provided do indicate that pain is unresponsive to other conservative measures. The Utilization Review on 11/5/14 modified the request for the interferential stimulator, allowing a one-month trial period consistent with the MTUS guidelines. Continued use would be dependent on documentation of increased functional improvement, less reported pain and evidence of medication reduction. Such documentation is not available currently. The request for interferential unit for ongoing neck and low back is not medically necessary.