

<b>Case Number:</b>	CM15-0006918		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female who sustained an industrial injury on 7/17/2012. She has reported neck, shoulder and back pain with dizziness after a motor vehicle accident. The diagnoses have included dizziness, headaches, right shoulder pain, lumbosacral pain, cervical neck pain, post-concussion syndrome and low back pain. Treatment to date has included physical therapy, home exercises and medication management. Currently, the IW complains of dizziness and neck and shoulder pain. Treatment plan included interferential hot/cold unit. On 12/31/2014, Utilization Review non-certified review of interferential hot/cold unit, noting the lack of medical necessity. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1-9/2015, the injured worker submitted an application for IMR for interferential hot/cold unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Hot/Cold Unit:** 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), Low Back - Cold/Heat Packs; Shoulder-MRI

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

**Decision rationale:** This patient presents with neck pain, shoulder pain, and back pain. The treater has asked for INTERFERENTIAL HOT/COLD UNIT but the requesting progress report is not included in the provided documentation. According to the 10/8/14 report, the treater states: The patient has seen neurologists in the past and has taken some medication, but her symptoms have not changed much. Therefore, she appears to have reached a plateau. Per MTUS guidelines, interferential units are recommended if medications do not work, history of substance abuse or for post-operative pain control. MTUS states: "After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A 'jacket' should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In this case, the patient has a chronic pain condition and there is documentation that medications are not working. The treater is requesting a interferential unit which is reasonable as this patient has failed conservative treatment. However, there is no documentation that the patient has had a prior 1 month trial, and the request appears to be for indefinite use. MTUS guidelines recommend a 1 month trial with documentation of functional improvement. The request IS NOT medically necessary.