

<b>Case Number:</b>	CM15-0133557		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/04/2005
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 49 year old female who reported an industrial injury on 4/4/2005. Her diagnoses, and or impression, were noted to include: cervical spine sprain/strain with spondylosis; and right wrist tendinitis, rule-out carpal tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include physical therapy; medication management; and rest from work. The progress notes of 10/21/2014 reported complaints of occasional increase, to moderate-severe, in her cervical spine neck pain, and that her old "EMS" unit was not working, which helped control her pain. Objective findings were noted to include tenderness in the cervical para-spinal muscles and upper trapezius muscles; slight spasms with guarding; and decreased range-of-motion. The physician's requests for treatments were noted to include an interferential unit for home use. The progress notes of 6/4/2015 did not provide any subjective complaints, but the objective findings included positive joint pain and muscle spasms, and the requested treatments included an interferential unit to decrease pain and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Home Unit:** 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 IF unit Page(s): 118.

**Decision rationale:** According to the guidelines an IF unit 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. 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. In this case, there is no defined plan for adjunctive continued exercise or return to work regimen. The progress notes did not indicate length of use. As a result, the request to use an IF unit is not medically necessary.