

<b>Case Number:</b>	CM15-0136807		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female with an industrial injury dated 11/27/1978-07/01/2012. The mechanism of injury is documented as continuous trauma resulting in pain in the cervical spine and left shoulder. Her diagnoses included cervical disc degeneration, cervical radiculitis and left trapezius strain. Prior treatment included physical therapy, cortisone injection to left hand, medications and acupuncture. She presents on 05/28/2015 with complaints of neck pain radiating to the left upper extremity. She had completed acupuncture treatment with temporary relief. She also complained of left shoulder pain. There was tenderness to palpation, spasms and positive axial compression. Range of motion was decreased. The left shoulder showed tenderness to palpation with positive impingement signs and decreased range of motion. Treatment plan included shoulder ultrasound, interferential unit and cervical spine traction. The request for cervical traction was authorized. The treatment request for review is for interferential unit and supplies and lumbar traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), TENS.

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

**Decision rationale:** The claimant has a cumulative trauma injury with date of injury in July 2012 and is being treated for radiating neck and shoulder pain. When seen, she had completed acupuncture treatments. There was decreased cervical range of motion with tenderness and muscle spasms. There was shoulder tenderness with decreased range of motion and positive impingement testing. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and providing a unit for indefinite use is not medically necessary.

**Lumbar traction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low back chapter, Traction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Traction.

**Decision rationale:** The claimant has a cumulative trauma injury with date of injury in July 2012 and is being treated for radiating neck and shoulder pain. When seen, she had completed acupuncture treatments. There was decreased cervical range of motion with tenderness and muscle spasms. There was shoulder tenderness with decreased range of motion and positive impingement testing. Home-based patient controlled gravity traction may be a noninvasive conservative option in the treatment of low back pain. In this case, the claimant is not being treated for low back pain and therefore the request is not medically necessary.