Case Number:	CM15-0164793		
Date Assigned:	09/03/2015	**Date of Injury:**	12/26/2014
Decision Date:	10/06/2015	**UR Denial Date:**	08/13/2015
Priority:	Standard	**Application Received:**	08/21/2015

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: North Carolina
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:

The injured worker (IW) is a 55-year-old female who sustained an industrial injury on 12-26-2014. She reported pain in the head, neck, bilateral shoulders, bilateral elbows, low back and left knee following a slip and fall accident at work. The injured worker was diagnosed as having cervicalgia, cephalgia, cervicobrachial syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder impingement syndrome, and pain in joint of upper arm at bilateral elbows, lumbar radiculitis, neuritis, not otherwise specified, lumbar sprain and strain, and pain in joint of lower leg at bilateral knee. Treatment to date has included medications, physical therapy, and activity modifications. The notes of (07-08-2015) document right knee pain, and continuous sharp left knee pain rated as variable at a 4-5 on a scale of 1-10. The notes also document frequent stabbing headaches and insomnia. The pain is described as pressure and is aggravated by stress. She rates the pain as a 6 on a scale of 1-10. The injured worker complains of pain in the neck described as dull and achy, and bilateral shoulder pain described as sharp and stabbing. The shoulder pain is rated as a 4-5 on a scale of 1-10. The shoulder pain is increased with rotation, reaching overhead, lifting, carrying, pushing and pulling. The shoulders also have popping, clicking and grinding sensations. Both shoulders have swelling, numbness, tingling and burning sensations. She has neck pain rated as a 7 on a scale of 1-10. Pain radiates to the right and left elbows with numbness, tingling, and weakness. The bilateral elbow pain is rated as a 1-3 on a scale of 1-10 and increases with reaching, lifting, carrying pulling and pushing. The pain is accompanied by clicking and popping sensations with numbness tingling and weakness. She also complains of low back pain that is described as stabbing, sharp, sometimes dull, and

achy. The pain is variable and rated as an 8-9 on a scale of 1-10. The pain is relieved with ibuprofen and rest. The treatment plan includes oral and topical medications and durable medical equipment of a muscle stimulator unit for the lumbar spine and heat or cold packs for the cervical spine and lumbar spine. A request for authorization was submitted for 1. Solace multi stim unit (5-month rental) with electrodes, #8 pair per month, lead wires, #2 and adaptor. 2. Purchase of an aqua relief system with installation A utilization review decision (08-13-2015) denied the request for the Solace multi stim unit due to lack of substantiation for the request. Utilization review also denied the purchase of an aqua relief system with installation due to lack of substantiation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi stim unit (5 month rental) with electrodes, #8 pair per month, lead wires, #2 and adaptor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Page(s): 114-118, 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential therapy Page(s): 118-119.

Decision rationale: The California medical treatment guidelines section on ICS therapy states: 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. (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. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The studies suggested that their main limitation was the heterogeneity of the low back pain subjects, with the interventions performing much better for back pain due to previous multiple vertebral osteoporotic fractures, and further studies are necessary to determine effectiveness in low back pain from other causes. (Zambito, 2006) (Zambito, 2007) A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has

the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. (Burch, 2008) This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. (Cheing, 2008) See also sympathetic therapy. See also TENS, chronic pain. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those 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. 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. The criteria as set forth above per the California MTUS have not been met in the provided clinical documentation for review. In addition, ICS is only initially approved for a one-month trial period. Therefore, the request is not medically necessary.

Purchase of an aqua relief system with installation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The ACOEM chapter on low back pain states: Adjustment or modification of workstation, job tasks, or work hours and methods, Stretching, Specific low back exercises for range of motion and strengthening. At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold, Relaxation techniques, Aerobic exercise 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and Strengthening. While application of heat and cold is recommended, the use of a specialized device versus self-application of hot/cold packs is not medically warranted. Therefore, the request is not medically necessary.