

<b>Case Number:</b>	CM15-0185208		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 7-28-2010. The injured worker was being treated for cervical spine radiculopathy, cervical spine discopathy, cervical spine facet syndrome, left shoulder internal derangement, bilateral wrist carpal tunnel syndrome, and status post right trigger point release. Treatment to date has included diagnostics, right hand second and third digit trigger finger release in 10-2014, physical therapy, and medications. Currently (8-04-2015), the injured worker complains of pain in the neck area, rated 7-9 out of 10, traveling to the right shoulder and into the bilateral arms-hands, with numbness and tingling sensations. She denied heart, kidney, liver, respiratory, or gastrointestinal complaints. Current medications included Tramadol, Naproxen, and Zanaflex. Exam of the cervical spine showed anterior head carriage with abnormal lordosis, tenderness and spasm over the cervical paravertebral musculature, sternocleidomastoid muscle and scalene muscle, positive axial head compression, and facet tenderness to palpation. Cervical range of motion was painful and decreased, with crepitus present on motion. Exam of the upper extremities showed tenderness to palpation over the left acromioclavicular joint and bilateral carpal tunnels. Bilateral shoulder range of motion was within normal limits bilaterally, with pain at end ranges. Testing was positive on the left for impingement sign and supraspinatus test. Wrist range of motion was painful and Tinel's was positive bilaterally. Sensation was decreased in the right C6 and left C7 dermatomes and along the bilateral medial nerve distributions. Motor strength was 4 of 5 in the right elbow flexors and left elbow extensors and wrist flexors. Per the request for authorization dated 8-04-2015, the treatment plan included right C5-C6 and left C6-C7 transfacet epidural

steroid injections, urine toxicology, and 30 day trial interferential unit rental (relieve cervical spasm and pain). On 8-31-2015, Utilization Review non-certified the requested interferential unit 30 day rental.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inferential unit rental (Days) QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The CA MUTS guidelines state that interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The guidelines do not recommend interferential stimulation as an isolated intervention. In this case, the medical records do not establish that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the injured worker has significant side effects from medication or a history of substance abuse. The records do not establish that the injured worker has been unresponsive to other conservative measures. In fact, cervical epidural steroid injection has been requested and has been certified. The request for 30 day trial interferential unit rental (relieve cervical spasm and pain) is not supported. The request for inferential unit rental (Days) QTY: 30 is not medically necessary and appropriate.