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| <b>Case Number:</b>   | CM15-0185672 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 08/27/2014 |
| <b>Decision Date:</b> | 11/02/2015   | <b>UR Denial Date:</b>       | 08/22/2015 |
| <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: 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 20 year old female, who sustained an industrial injury on 8-27-2014. Medical records indicate the worker is undergoing treatment for dizziness, insomnia, anxiety, depression, cervical sprain-strain, thoracic sprain-strain, headache and rotator cuff syndrome. A recent progress report dated 8-12-2015, reported the injured worker complained of thoracic and cervical pain and a headache, rated 8 out of 10. She also reports dizziness, insomnia, anxiety and stress. These complaints have been consistent since at least 3-24-2015. Physical examination revealed decreased cervical range of motion and bilateral shoulder normal range of motion. The physical examinations have also been consistent since at least 3-4-2015. Treatment to date has included physical therapy and medication management. On 8-12-2015, the Request for Authorization requested Home interferential stimulator unit for the cervical spine 30 day trial. On 8-20-2015, the Utilization Review noncertified the request for a Home interferential stimulator unit for the cervical spine 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential stimulator unit for the cervical spine 30 day trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition 2004, Official Disability Guidelines.

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

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic August 2014 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved status and exercises not demonstrated here. The Home interferential stimulator unit for the cervical spine 30 day trial is not medically necessary and appropriate.