

<b>Case Number:</b>	CM15-0199923		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 65 year old female who sustained an industrial injury on 08/23/2013. Medical records for 08-24-2015 indicated the worker was treated for cervical and lumbar radiculitis. She complained of neck pain radiating into the bilateral shoulders, and constant low back pain radiating into the left buttocks. On examination she has modest tenderness in the right sided paracervical about the neck. She also has mild hypertonia with tenderness in the right trapezius extending into the right paracervical and right posterior deltoid. Spurlings is negative and supraclavicular compression is negative. The left knee has mild medial joint line tenderness with full active range of motion and stable ligament exam. The left knee is non-ballotable however the worker ambulates with a mildly antalgic gait. There is some muscle guarding involving the left side of the paralumbar region. The treatment plan is for a MRI of the neck and low back, and use of an interferential unit. A lumbar support orthotic is in use. Her work status is temporary total disability pending re-evaluation. A request for authorization was submitted for Meds-4 Interferential Unit with garment for three months rental. A utilization review decision 09/28/2015 non-approved the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds-4 Interferential Unit with garment for three months rental: 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 claimant sustained a work injury in August 2013 as the result of a motor vehicle accident. In February 2015, she underwent revision arthroscopic right shoulder surgery with a subacromial decompression and rotator cuff and labral debridement. When seen, there had been an increase in neck and left knee pain. Physical examination findings were unchanged and included right paracervical tenderness. There was right trapezius tenderness with hypertonia. Spurling and compression testing was negative. There was a mildly antalgic gait. She had left knee joint line tenderness with full range of motion. There was paralumbar muscle guarding. A MED-4 interferential unit with garment for her neck and low back pain was requested. The requested MEDS-4 unit provides a combination of interferential stimulation and neuromuscular electrical stimulation. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Additionally, the request was for a 3-month rental, which would be excessive in terms of determining whether ongoing use and possible purchase of a basic unit could be considered. A garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. The request is not considered medically necessary.