

<b>Case Number:</b>	CM15-0044128		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, 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 31 year old male, who sustained an industrial injury on November 9, 2012. The injured worker had reported a neck and back injury related to a motor vehicle accident. The diagnoses have included cervical herniated nucleus pulposus, cervical musculoligamentous sprain/strain with radiculitis and thoracic musculoligamentous. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated January 26, 2015 notes that the injured worker complained of neck and back pain. Examination of the cervical spine and thoracic spine revealed tenderness to palpation with spasms and a decreased range of motion. The injured worker also had decreased motor strength of the right shoulder and decreased sensation of the right shoulder and arm. The treating physician's recommended plan of care included the purchase of an Interferential Unit and the purchase of a Hot and Cold Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 118.

**Decision rationale:** According to the guidelines, an IF unit is 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In this case, there was no mention of using the medication in conjunction with any work, exercise and medications. There is limited evidence for its use and the claimant had numerous interventions that have better evidence for functional benefit. The request for an IF unit is not medically necessary.

**Hot and Cold Unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter, Heat/cold applications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to the guidelines, at home application of heat or cold is optional. Cold therapy is recommended in the acute phase of injury. In this case, the claimant's injury was a few years ago. The use of a heat cold unit is not medically necessary.