

<b>Case Number:</b>	CM15-0048329		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Hawaii  
 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 71-year-old female, with a reported date of injury of 05/30/2012. The diagnoses include cervical spondylosis and stenosis with bilateral upper extremity radiculopathy and sprain of the neck. Treatments to date have included an x-ray of the cervical spine, an epidural steroid injection, and anterior cervical discectomy with decompression of the spinal cord. Currently, the injured worker complains of neck pain, and posterior cervical spine spasm. The progress report dated 02/16/2015 indicates that the injured worker rated the neck pain 5 out of 10. The objective findings include decreased cervical spine range of motion, a normal neurological examination, and lab results within normal limits. The treating physician requested a Meds4 unit with garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds4 unit with garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The patient presents with pain affecting the neck accompanied with posterior cervical spine spasms. The current request is for Meds4 unit with garment. The requesting treating physician report was not found in the documents provided. The MTUS guidelines state for interferential current stimulation, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment." MTUS goes on to state, "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. 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." In this case, while a one month trial would be reasonable, the current request does not specify a quantity of time the MEDS4 unit is to be used by the patient, and therefore does not satisfy the MTUS guidelines. Furthermore, the physician in this case has requested a garment to be used with the MEDS 4 interferential current stimulator, and the MTUS guidelines state that a "jacket" (garment) should not be certified until after a one month trial and documentation that stimulation pads cannot be applied. The physician has not prescribed a one month trial and there is no documentation of the inability to apply the normal stimulation pads. 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 request for Meds4 unit with garment is not medically necessary.