

<b>Case Number:</b>	CM15-0048574		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/10/2015
<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 62 year old female who sustained an industrial injury on January 1, 2014. According to the progress report dated August 26, 2014 she has reported neck pain and has been diagnosed with disc degeneration cervical spine, cervical stenosis, with early myelopathy. Treatment has included medication and injection. Currently the injured worker complains of weakness in the bilateral upper and lower extremities and it was noted neck pain was getting worse. The treatment request included a lumbar conductive garment for home interferential stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar conductive garment for home interferential stimulator unit:** 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 Current Stimulation Page(s): 118-120.

**Decision rationale:** The patient presents with neck and back pain. The current request is for Lumbar conductive garment for home interferential stimulator unit. The treating physician reports submitted are handwritten making them mostly illegible. The following comes from the UR Report dated 02/10/15 (E.15) "The claimant has flattening of the cervical cord on MRI. The provider is trying to avoid surgery. Exam notes positive spurling's and shoulder abduction test. The claimant has some numbness in the hands and there are no local motor deficits. Cervical epidural steroidal injection is recommended followed by aggressive stabilization therapy. The pain is rated 8-9/10. Cervical spine examination shows tenderness in the paravertebral muscles and trapezius with spasm, muscle guarding, limited ROM and radicular component on the right C6-C7 distribution. The provider recommends ice/heat application, medications, a urine drug screen, and a lumbar conductive garment for home interferential unit as the claimant is having difficulty adhering conductive pads secondary to immobility issues. The claimant is using an interferential unit with decrease in pain from 8-9/10 to 5/10 and increased tolerance for activities of daily living." MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The guidelines also state that interferential current stimulation (ICS) is not recommended as an isolated intervention. In this case, the patient experiences a decrease in pain levels by using an ICS unit currently. There is no indication that the patient is post-surgical, is dealing with medication issues or is unresponsive to conservative measures. Therefore, the current request is not medically necessary and the recommendation is for denial.