

<b>Case Number:</b>	CM15-0050807		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 58 year old female, who sustained an industrial injury on 07/07/2014. She has reported subsequent neck, bilateral shoulder, right elbow and bilateral wrist pain and was diagnosed with cervical spine sprain/strain, myofascial pain syndrome, tendonitis, carpal tunnel syndrome and impingement syndrome of the shoulders. Treatment to date has included oral pain medication. In a progress note dated 01/27/2015, the injured worker complained of constant neck, right arm and hand pain that was rated as 7-9/10. Objective findings were notable for tenderness to palpation of the cervical spine, spasm and reduced range of motion. A request for Meds-4 interferential unit for the cervical spine was made to decrease muscle spasm and pain in the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MEDS 4 INF Unit with garment for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cervical MEDS-4 interferential unit garment for home use is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are myoligamentous cervical spine sprain/strain; myofascial pain syndrome; tendinitis and impingement syndrome bilateral shoulders; lateral epicondylitis right elbow; tendinitis bilateral wrists; DeQuervain's tenosynovitis, bilateral wrists; and carpal tunnel syndrome, bilateral. There is a single progress note in the medical record from the requesting physician dated January 27, 2015. ICS is indicated after certain Patient Selection Criteria are met. There is no documentation the injured worker was unresponsive to conservative measures. There is no documentation in the initial orthopedic evaluation dated January 27, 2015 regarding physical therapy, acupuncture and prior chiropractic treatment. The guidelines indicate if the Patient Selection Criteria are met, then a one-month trial is appropriate to permit the treating physician and physical therapy provider to study the effects and benefits. There is no documentation of a one-month trial in the medical record. Consequently, absent clinical documentation of a one-month trial in prior conservative treatment, cervical MEDS-4 interferential unit garment for home use is not medically necessary.