MAXIMUS Federal Services

| Case Number: | CM14-0161057 | | |
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| Date Assigned: | 10/06/2014 | Date of Injury: | 12/27/2012 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 39-year-old female with a date of injury of 12/27/2012. The listed diagnoses per [redacted] are: 1. Cervical spine musculoligamentous sprain/strain.2. Thoracic musculoligamentous sprain/strain.3. Lumbar musculoligamentous sprain/strain with slight anterolisthesis of L4 to L5.According to progress report 08/20/2014, the patient continues with neck pain with stiffness and muscle spasms. Examination of the cervical spine revealed tenderness to palpation with myospasm. Active range of motion is flexion 40 degrees, extension 31 degrees, right rotation 22 degrees, left rotation 26 degrees, right lateral flexion 71 degrees, and left lateral flexion 68 degrees. Treatment history includes chiropractic treatment, physical therapy, and medications. Patient rates her pain 2/10 with medications and 4/10 without medications. Her medication regimen includes Motrin 800 mg. The treater is requesting "authorization for interferential unit/TENS unit for home use; recommended purchase as trial for the last 2 to 3 months has been effective." Utilization review denied the request on 09/08/2014. Treatment reports from 01/07/2013 through 08/20/2014 were reviewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Interferential/ TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation and TENS unit Page(s): 118-120, 116.

**Decision rationale:** This patient presents with continued with neck pain with stiffness and muscle spasms. The treater is requesting authorization for an interferential unit/TENS unit purchase for home use. The patient reports that use of the TENS unit at home was beneficial by reducing pain level from moderate down to mild and has reduced her muscle spasms. The medical records document prior trial of a TENS unit with efficacy but here is no discussion of a trial of the IF unit. It appears the treater is requesting a combo unit which combines TENS and Interferential. The MTUS Guidelines page 118 to 120 states interferential current stimulation 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 the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the patient has tried a TENS unit with documented efficacy and it is not known why the treater is asking for IF unit. Furthermore, there is no indication that the patient has had a successful one-month home trial of the IF unit. Given such, recommendation cannot be made for the dual unit. Therefore, the request for Purchase of Interferential/ TENS Unit is not medically necessary and appropriate.