

<b>Case Number:</b>	CM14-0163252		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/13/1996
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 and Rehabilitation, 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:

This case involves a 56 year old with an injury date on 9/13/96. The patient complains of improving bilateral arm pain with numbness/weakness, cervical pain, and upper lumbar pain rated 4/10 with medications and 8/10 without per 8/18/14 report. The patient states that medications are helping, has declined surgery, and wants to try a home interferential unit in lieu of surgery and as a way to wean off medications, per 8/18/14 report. Based on the 8/18/14 progress report the current diagnosis includes disc herniation, C6-7, status post anterior cervical decompression and fusion, and disc herniation C5-6. The exam on 8/18/14 showed "Normal reflex, sensory and power testing to bilateral upper extremities and bilateral lower extremities except weakness/numbness bilateral at C6 as well as normal gait. Cervical range of motion decreased about 30%." The patient's treatment history includes MRI C-spine, X-rays C-spine, CT C-spine. The treater requested an interferential unit x 3 months with conductive garment. The utilization review determination being challenged is dated 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit x 3 months with conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with bilateral arm pain, neck pain, and upper back pain. The treater has asked for interferential unit x 3 months with conductive garment on 8/18/14. The review of the report did not show any evidence of using an interferential unit in the past. Per MTUS guidelines, interferential units are recommended if medications do not work and there is a history of substance abuse or for post-operative pain control. After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the request is for a 3 month trial of interferential unit; however, the MTUS recommends a one month trial before approval of additional use. In addition, the treater is requesting an interferential unit to wean patient off medications, which such usage is not indicated by MTUS. Therefore, the request is not medically necessary.