

<b>Case Number:</b>	CM14-0169345		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 54 year old female presenting with chronic pain following a work related injury on 07/22/2014. The claimant reported intermittent mild headaches associated with nausea, vomiting, dizziness, and loss of equilibrium. The claimant also reported constant moderate neck pain, and moderate mid back pain. The physical exam showed limping, distorted gait, anterior head carriage, muscle spasm in the cervical spine and upper extremities, tenderness along the suboccipitals, bilaterally upper trapezius and paravertebral muscles, trigger points in the traps and parascapular muscles, tenderness along the thoracic spine paraspinals and parascapular muscles and along the AC joint; there was also a positive drop arm test and impingement test. The claimant was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, cervicogenic headaches, bilateral shoulder sprain. An inferential unit was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 month IT unit rental to purchase with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Interferential Current Stimulation (ICS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Therapy Page(s): 119.

**Decision rationale:** Two month IT unit rental to purchase with supplies is not medically necessary. Per MTUS, Inferential Current 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 studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case inferential current was recommended as solo therapy for pain associated with cervical spine, thoracic spine, and bilateral shoulders. Per MTUS and the previously cited medical literature inferential current is not medically necessary as solo therapy and her current diagnoses.