

<b>Case Number:</b>	CM15-0011420		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 53-year-old female sustained a work-related injury to the neck, right shoulder, right arm and right upper back on 5/8/2014. The PR2, dated 12/10/2014, states her diagnoses are cervical herniated disc (C6-7), right shoulder impingement and right shoulder calcific tendinitis. She reports neck pain that radiates to the shoulders. Previous treatments include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, physical therapy and shoulder surgery. The treating provider requests an interferential (transcutaneous electrical nerve stimulation or TENS) unit trial for 3 months for bilateral neck and right shoulder. The Utilization Review on 1/13/2015 non-certified an interferential (transcutaneous electrical nerve stimulation or TENS) unit trial for 3 months for bilateral neck and right shoulder, citing CA MTUS guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit trial for 3 months for bilateral neck and right shoulder:** 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 Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

**Decision rationale:** The requested Interferential unit trial for 3 months for bilateral neck and right shoulder, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: 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 injured worker has neck pain that radiates to the shoulders. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential unit trial for 3 months for bilateral neck and right shoulder is not medically necessary.