

<b>Case Number:</b>	CM14-0051088		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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:

The patient is a 60-year-old female with a date of injury of 09/19/2012. According to progress report, 02/25/2014, the patient presents with pain in the cervical spine which she rates on a pain scale at 4-5/10. The patient is described as itchy, dull, and heavy radiating pain to the shoulders and arms with numbness into the fingers. The patient's current medication regimen includes Norco, Fexmid, and Voltaren. Examination of the cervical spine revealed moderate tenderness noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles right greater than left with spasm. There is positive Spurling's and axial head compression test. The treater is recommending an interferential unit and cervical traction unit for home use. Utilization review denied the request on 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential unit:** Upheld

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

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

**Decision rationale:** This patient presents with chronic cervical spine pain. The pain was noted to radiate to the bilateral shoulders and arms with numbness in the fingertips. The treater is requesting a home interferential unit. 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." In this case, the treater has asked for a home purchase and MTUS recommends a month rental before home use if indicated. There is no evidence that the patient has had one-month trial of home use with pain reduction and functional improvement. The request is not medically necessary.

**Cervical traction unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** This patient presents with chronic cervical spine pain. The pain was noted to radiate to the bilateral shoulders and arms with numbness in the fingertips. The treater is requesting a cervical traction unit. Utilization review denied the request stating the patient is not currently actively engaged in a home exercise program to substantiate the request. ACOEM guidelines page 173 on C-spine traction states, There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, the use of a home traction device does not provide for close monitoring by a medical professional. The request is not medically necessary.