

<b>Case Number:</b>	CM13-0029644		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 45-year-old female with a date of injury of 10/27/2009. The patient's diagnoses per [REDACTED] are disorders of bursae and tendons in the shoulder region (shoulder impingement) and displaced. According to progress report, 08/19/2013, the patient presents with severe headaches, neck pain, bilateral shoulder pain, bilateral wrist/hand pain, and upper mid and low back pain which radiates down to both legs. The patient also complains of blurred vision, stomach upset, and sleep difficulties. The physician is requesting an interferential stimulation rental and supplies for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERFERENTIAL STIMULATOR, TWO (2) MONTH RENTAL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** This patient presents severe headaches, neck pain, bilateral shoulder pain, bilateral wrist/hand pain, and upper mid and low back pain that radiates down to both legs. The

patient also complains of blurred vision, stomach upset, and sleep difficulties. The physician is requesting an interferential stimulator and supplies for 2 month rental. The utilization review denied the request stating this unit is not generally recommended; the findings were either negative or non-interpretable for recommendation. 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. For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, physician's request is for a 2 month rental unit. MTUS first requires a successful home trial for one- month. Therefore the request is not medically necessary.