

<b>Case Number:</b>	CM13-0040241		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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 is a 65-year-old female with chronic medical condition which includes chronic pain syndrome, fibromyalgia, hypothyroidism, and depressive disorder. She worked for [REDACTED] as reservationist from 1992 to 2000. The patient has a date of accident in 2000. She also has previous musculoskeletal injuries dating back to 1994. In any event, the patient has a history of chronic pain and on September 18, 2013, a supply for the interferential unit was requested for six months and the supplies were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six months of supplies for an interferential unit:** 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.

**Decision rationale:** The denial stance support is based on MTUS Chronic Pain Guidelines. With regards to interferential unit supply, California MTUS state that the interferential sequential stimulation is not recommended as isolation intervention. However, it might be considered if the pain is ineffectively controlled due to the diminished effectiveness of the medication and then a

trial of one-month period of TENS unit should be documented as an adjunct ongoing treatment evaluated with functional restoration approach with documentation on how often the unit was used as well as outcome in terms of pain and function. Other ongoing pain treatment should be also documented during this trial period including medication usage. This is cited in TENS unit on the Chronic Pain Medical Treatment Guidelines July 2009, page 116 of 127. There is no recording of the time of the patient's ongoing treatment with inferential unit with symptomatic or functional improvement. Based on the review of records, it appears that the pain is chronic and the patient has had the TENS unit therapy for an unknown period of time, likely more than one month. Without information regarding the functional improvement achieved through TENS therapy, the current request is not medically necessary.