

<b>Case Number:</b>	CM13-0045028		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Pain Management 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:

This is a patient with a date of injury of 2/1/12. A utilization review determination dated 10/18/13 recommends non-certification of an IF unit. It notes that the patient has tried Tramadol and Naproxen and a TENS unit and supplies have been certified per the UR nurse's notes. The 10/3/13 medical report identifies spine pain radiating to the bilateral hands and left leg. On exam, there are spasms. The recommendations are mostly illegible. On 10/17/13, there was noted to be no change. The recommendations include pain management, FCE, and P&S.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-PRIME IF UNIT AND SUPPLIES:** Upheld

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

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

**Decision rationale:** Regarding the request for DME prime IF unit and supplies, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to

diminished effectiveness of medication or side effects; history of substance abuse; significant pain from postoperative conditions limits the ability to perform exercises; or unresponsive to conservative treatment. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. Within the documentation available for review, there is no indication that the patient has met and of the criteria for a trial of interferential stimulation as detailed above. Furthermore, a purchase of the unit is not supported prior to a trial. In light of the above issues, the currently requested DME prime IF unit and supplies is not medically necessary.