

<b>Case Number:</b>	CM13-0052245		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; inguinal hernia repair surgery in 2008; and a cane. In a Utilization Review Report of November 8, 2013, the claims administrator reportedly denied a request for an interferential current stimulator with associated electrodes. The applicant's attorney subsequently appealed. In a December 5, 2013 progress note, the applicant is described as having longstanding pain associated with an inguinal hernia repair. General surgery consultation is requested. The applicant is described as ambulating with an antalgic gait requiring a cane. A rather proscriptive 10-pound lifting limitation is endorsed, although it does not appear that the applicant has returned to work with said limitation in place. In a prescription form and request for authorization dated October 7, 2013 and October 23, 2013, the attending provider seeks authorization for an interferential unit with associated electrodes. No other rationale for the device is provided on any surrounding progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Interferential Unit:** Upheld

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

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

**Decision rationale:** As noted on Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, successful one month trial rental of an interferential stimulator is considered a prerequisite to purchase of the same. In this case, there has been no evidence of the prior successful one-month trial of the interferential stimulator. It is further noted that Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines outlines parameters for an interferential current stimulator trial. These include evidence of incomplete analgesia with analgesic medications, a history of substance abuse that would prevent provision of analgesic medications, and/or poor pain control owing to medication side effects. In this case, none of aforementioned criteria has seemingly been met. Therefore, the request is not certified.

**18 Pairs of Electrodes:** Upheld

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

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

**Decision rationale:** The long term supplies are not indicated as the applicant has not previously completed a prior successful one-month trial of said interferential current stimulator device which is, per page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a prerequisite to purchase of and/or procuring supplies such as electrodes for the same. Therefore, the request for electrode supplies is not certified on the grounds that there is no evidence of a documented successful one-month trial of the interferential stimulator.