

<b>Case Number:</b>	CM13-0057696		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of June 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cane; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated November 11, 2013, the claims administrator approved a cane, but apparently denied an interferential stimulator device. The applicant's attorney subsequently appealed. In a January 13, 2014 progress note, the applicant presented with ongoing complaints of low back pain. The applicant was status post an industrial lumbar spine surgery and an unspecified nasal surgery. The applicant was apparently using oxycodone, Norco, Naprosyn, and Flexeril for pain relief purposes. The applicant is also using Prilosec and Xanax, it was further noted. The applicant had apparently failed six epidural steroid injections and was asked to pursue a lumbar fusion surgery. The interferential current stimulator device was requested on several occasions in the file, including via a request for authorization form dated January 25, 2013, which employed preprinted checkboxes and furnished little or no narrative commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

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

**Decision rationale:** As noted on page 120 in the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of an interferential current stimulator device is recommended as an adjunct treatment in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled with medications owing to side effects, applicants with a history of substance abuse that would prevent provision of analgesic medications, and/or applicants with significant postoperative pain which limits the ability to participate in physical therapy or home exercises. In this case, however, there is no evidence that the applicant meets these criteria. There is no mention of issues with substance abuse, inadequate analgesia with numerous first-line oral pharmaceuticals, and/or pain limiting ability to participate in home exercises. The applicant's, for instance, was described on multiple office visits as using numerous first-line oral pharmaceuticals, including oxycodone, Medrol, Norco, Naprosyn, Flexeril, etc., without any reported difficulty, impediment and/or impairment, effectively obviating the need for the interferential unit in question. It is further noted that the request for authorization for a purchase of an interferential unit device appears to have been initiated without evidence of a successful one-month trial of the same. Therefore, the request is not medically necessary.