

<b>Case Number:</b>	CM13-0059762		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Pulmonary Diseases 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 patient is a 65-year-old female who reported an injury on 05/23/2000. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her upper, mid and low back and ultimately developed chronic pain. The patient's treatment history included physical therapy, psychiatric support, a TENS unit and multiple medications. The patient's most recent clinical evaluation documented that the patient had pain relief with the use of her TENS unit and required a refill of supplies. The patient's most recent clinical evaluation noted that the patient had decreased range of motion secondary to pain in the cervical and lumbar spines. The patient's diagnoses included myalgia and myositis, chronic pain syndrome, depressive disorders and hypothyroidism. The patient's treatment plan included a referral to a physical therapist to obtain TENS unit supplies, changes in medications and a referral to pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Supplies for interferential unit, 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**Decision rationale:** The requested supplies for an interferential unit for 6 months are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends interferential units for patients who have had a 30 day home trial that has produced functional increases in capabilities. The clinical documentation submitted for review clearly identified that the patient has used a TENS unit. As this is a different type of equipment from an interferential unit, the need for interferential unit supplies is not clearly indicated. Additionally, as there is no indication that the patient has undergone a trial of an interferential unit, the need for 6 months of supplies would not be clearly indicated. As such, the requested supplies for an interferential unit for 6 months (Rx 10/22/2012) is not medically necessary or appropriate.