

<b>Case Number:</b>	CM13-0063873		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 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 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 patient is a 54-year-old female who reported an injury on 07/19/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with traumatic brain injury associated with cerebral contusion, intracranial hemorrhage with subsequent corticospinal tract region, probable contrecoup injuries, probable right labyrinth contusion, and left lower extremity atrophy. The patient was seen by [REDACTED] on 06/13/2013. Physical examination revealed tenderness over the thigh adductors with increased pain on passive abduction and resisted adduction, 4/5 weakness, and a mildly left-sided altered gait. Treatment recommendations included a home stimulation unit for muscle re-education. A request for authorization was then submitted by [REDACTED] for an interferential stimulator, electrodes, batteries, adhesive removers, lead wire, and shipping and handling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient meets criteria or has been authorized for the use of an interferential stimulator unit. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. There is no documentation of a failure to respond to conservative treatment. Based on the clinical information received, the current request cannot be determined as medically necessary. As such, the request is non-certified.

**Batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient meets criteria or has been authorized for the use of an interferential stimulator unit. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. There is no documentation of a failure to respond to conservative treatment. Based on the clinical information received, the current request cannot be determined as medically necessary. As such, the request is non-certified.

**Adhesive Removers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient meets criteria or has been authorized for the use of an interferential stimulator unit. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. There is no documentation of a failure to respond to

conservative treatment. Based on the clinical information received, the current request cannot be determined as medically necessary. As such, the request is non-certified.

**Leadwire:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS)..

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient meets criteria or has been authorized for the use of an interferential stimulator unit. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. There is no documentation of a failure to respond to conservative treatment. Based on the clinical information received, the current request cannot be determined as medically necessary. As such, the request is non-certified.

**S & H:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121..

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient meets criteria or has been authorized for the use of an interferential stimulator unit. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. There is no documentation of a failure to respond to conservative treatment. Based on the clinical information received, the current request cannot be determined as medically necessary. As such, the request is non-certified.