

<b>Case Number:</b>	CM14-0120421		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 low back pain reportedly associated with an industrial injury of February 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; earlier left shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for an interferential stimulator device. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and arm pain, highly variable, 6-8/10 pain. The applicant was using tramadol, Flexeril, Neurontin, and Norco. All of the aforementioned medications, with the exception of tramadol, were reportedly helping, as was physical therapy. The applicant's previously provided TENS unit and home exercises were also helping. The applicant was returned to modified duty work. Additional physical therapy was endorsed. An interferential unit was prescribed.

### 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

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

**Decision rationale:** While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, history of substance abuse, which would prevent provision of analgesic medication, and/or significant postoperative pain which would limit the ability to participate in physical therapy treatment, in this case, however, none of the aforementioned criteria were seemingly met. The applicant is reportedly using medications to good effect, including Norco, Neurontin, and Flexeril, the attending provider acknowledged in his June 11, 2014 progress note, referenced above. The applicant further stated that physical therapy, home exercises, and a conventional TENS unit were also beneficial here. No clear compelling rationale for pursuit of the interferential stimulator unit in the face of the applicant's favorable response to first-line oral analgesic medications was furnished by the requesting provider. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an interferential current stimulator should be purchased only following completion of a successful one-month trial of the same. Here, however, the attending provider sought to purchase the device at issue without a previously successful one-month trial of the same. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.