

<b>Case Number:</b>	CM14-0131188		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 42-year-old female with an injury date of 06/26/2012. Based on the 07/23/2014 progress report, the patient complains of persistent knee and neck pain which she rates as a 7/10 without medications and a 4/10 with medications. The patient has tested positive for cervical and lumbar tenderness and has a decreased range of motion for her cervical and lumbar spine. The 06/23/2014 report indicates that the patient's neck pain radiates down to her left upper extremity. The utilization review determination being challenged is dated 07/30/2014. Treatment reports were provided from 08/13/2013 - 09/03/2014.

### 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Based on the 07/23/2014 progress report, the patient complains of persistent knee and neck pain. The request was for an interferential unit, as trial was helpful in physical

therapy. MTUS Guidelines pages 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. If indicated, however, MTUS recommends trying the unit for 1 month before a home unit is provided. The 07/23/2014 report indicates that the patient has previously used an interferential unit during her physical therapy sessions which was provided to be helpful. However, the MTUS requires pain reduction, functional improvement and medication reduction. Functional improvement and medication reductions are not documented. Therefore, the request for Interferential Unit is not medically necessary and appropriate.