

<b>Case Number:</b>	CM14-0057564		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/21/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 37-year-old with a reported date of injury of 01/22/2002. The patient has the diagnoses of low back pain and chronic pain syndrome. Per the progress reports provided by the primary treating physician dated 03/14/2014, the patient had complaints of the TENS unit no longer working and a wish to be placed on Wellbutrin. Physical exam noted the patient's vital signs and otherwise being "stable". The treatment recommendations included referral for a stimulator and refill on medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RS 4i Stimulator:** 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 - Interferential Unit/Stimulation Chronic Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulators Page(s): page(s) 118-120.

**Decision rationale:** The California chronic pain medical treatment guidelines section on interferential current stimulators states: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments,

including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, patient selection criteria for Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: -Pain is ineffectively controlled due to diminished effectiveness of medications; or -Pain is ineffectively controlled with medications due to side effects; or -History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or -Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no documentation that supports the criteria listed above to justify the switch from the patient's TENS unit to the requested stimulator. For these reasons and the fact the documentation failed to meet the criteria listed above, the request is not medically necessary.