

<b>Case Number:</b>	CM14-0089821		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Arizona. 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:

Patient is a 54 year old male with a date of injury on 4/15/2014. Diagnoses include cervical sprain, thoracic sprain, and lumbar sprain. Subjective findings indicate that the patient's neck pain is 80% improved and low back is 90% improved. Physical exam shows tenderness over right cervical paraspinal muscles, and negative axial compression test. The lumbar spine shows tenderness over paraspinal muscles, and a negative straight leg raise test. Prior treatment consisted of acupuncture and chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Interferential Stimulator Rental X 1 month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118-119.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not recommend interferential current stimulation as an isolated intervention. But California MTUS does suggest it is possibly appropriate to have a one month trial if the following criteria are met: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is

ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment. For this patient, the records do not indicate that the patient was unresponsive to medication. Furthermore, the records identified that significant improvement was present from conservative therapies. Therefore, the medical necessity of an interferential unit is not established at this time.

**Supplies: Electrodes x 8 packs Power pack x24 adhesive remover towel mint x 23 TT & SS leadwire: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118-119.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not recommend interferential current stimulation as an isolated intervention. But California (MTUS) does suggest it is possibly appropriate to have a one month trial if the following criteria are met: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. For this patient, the records do not indicate that the patient was unresponsive to medication. Furthermore, the records identified that significant improvement was present from conservative therapies. An inferential unit was not deemed medically necessary. Since an inferential unit is not medically necessary, the associated supplies are not necessary as well.