

<b>Case Number:</b>	CM14-0188506		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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:

This is a 43-year-old female with a 4/3/12 date of injury. Mechanism of injury was slip and fall. The patient was seen on 9/12/14 with complaints of continued pain in the lumbosacral spine, cervical spine, left elbow/wrist, left knee and left ankle. Exam findings revealed muscle guarding and spasm in the lumbosacral spine, positive straight leg raise test, decreased range of motion of the lumbar spine, and pain with lumbar extension and facet loading. The patient has been noted to be on Norco, muscle relaxant and Prilosec. The patient's pain was rated 7-8/10 without medications and 4/10 with medications. The progress report was handwritten and somewhat illegible. The diagnosis is left knee contusion and internal derangement, shoulder impingement or bursitis, ankle and elbow sprain, and lumbar/cervical sprain/strain. Treatment to date: work restrictions, physical therapy, chiropractic care, durable medical equipment (DME), acupuncture, home exercise program (HEP) and medications. An adverse determination was received on 10/21/14; however the determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulators Page(s): 120.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when 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. However, there is a lack of documentation indicating that the patient's pain was poorly controlled or that the patient had history of substance abuse. In addition, the progress report dated 9/12/14 indicated that the patient's pain was rated 7-8/10 without medications and 4/10 with medications. Lastly, there is no rationale with regards to the necessity for an Interferential Stimulator unit with clearly specified goals from the treatment and the area of the application was not specified in the request. Therefore, the request for Interferential Stimulator unit was not medically necessary.