

<b>Case Number:</b>	CM14-0208554		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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:

The applicant is a represented [REDACTED] worker who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 4, 2013. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve an interferential unit request. A pain management consultation, conversely, was approved. The claims administrator referenced progress notes and RFA forms of September 4, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 17, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and right knee pain. It was suggested that the applicant was not working. The attending provider suggested that he wished the applicant to return to work with restrictions, although it was not clear whether the applicant's employer was willing to accommodate said limitations. The attending provider noted that the applicant was employing Lidoderm patches for pain relief. In a handwritten note dated December 4, 2014, the applicant again reported ongoing complaints of low back pain. The applicant was asked to continue Lidoderm patches. Work restrictions were endorsed on this occasion. The attending provider stated that the applicant was working on this date. Lidoderm patches and a sacroiliac joint injection were sought, along with a home interferential unit device. The note, as with the preceding notes, was extremely difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Stimulator Unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, the purchase of an interferential stimulator device should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider's handwritten progress notes do not establish evidence of a previously successful one-month trial of the interferential stimulator device at issue. There was no mention of the applicant previously receiving an interferential stimulator device. Therefore, the request is not medically necessary.