

<b>Case Number:</b>	CM14-0215247		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

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The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of October 30, 2013. In a Utilization Review Report dated June 12, 2014, the claims administrator failed to approve a request for six sessions of chiropractic manipulative therapy to the neck and shoulder. The claims administrator failed to approve a request for an interferential unit, referencing a November 14, 2014 progress note and an associated RFA form. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck and shoulder pain with associated headaches and sleep disturbance. A rather proscriptive 10-pound lifting limitation was endorsed which the attending provider acknowledged the applicant's employer was unable to accommodate. In a later handwritten note seemingly dated November 14, 2014, the attending provider sought authorization for an ultrasound-guided shoulder corticosteroid injection and an interferential unit. It was, once again, acknowledged that the applicant was not working. The remainder of the file was surveyed. There was no clear or concrete evidence that the applicant had previously undergone a one-month trial of an interferential stimulator.

### 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 Chronic Pain Treatment Guidelines Interferential current stimulation.

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

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential current simulator should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, in terms of increased functional improvement, pain relief and reduction in medication consumption. Here, however, there was no evidence of the applicant's having previously received and/or completed a successful one-month trial of an interferential current stimulator device before the request to purchase the same was initiated. Therefore, the request was not medically necessary.