| | | | |
|---|---|---|---|
| **Case Number:** | CM15-0166325 | | |
| **Date Assigned:** | 09/04/2015 | **Date of Injury:** | 08/01/2013 |
| **Decision Date:** | 10/06/2015 | **UR Denial Date:** | 08/17/2015 |
| **Priority:** | Standard | **Application Received:** | 08/24/2015 |

## 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, Florida, 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 8-1-13. He reported neck pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The injured worker was diagnosed as having cervical spine musculoligamentous sprain or strain, thoracic spine musculoligamentous sprain or strain, lumbar spine musculoligamentous sprain or strain, bilateral shoulder periscapular strain or impingement, and bilateral knee pain with patellofemoral arthralgia. Treatment to date has included medication. Currently, the injured worker complains of neck pain, low back pain with stiffness, bilateral shoulder pain, and bilateral knee pain. The treating physician requested authorization for an interferential stimulator and supplies for a 1-month rental.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulator & Supplies for 1 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS); TENS, chronic pain Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

**Decision rationale:** This claimant was injured in 2013 with cervical spine musculoligamentous sprain or strain, thoracic spine musculoligamentous sprain or strain, lumbar spine musculoligamentous sprain or strain, bilateral shoulder periscapular strain or impingement, and bilateral knee pain with patellofemoral arthralgia. Currently, the injured worker complains of neck pain, low back pain with stiffness, bilateral shoulder pain, and bilateral knee pain. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.