

<b>Case Number:</b>	CM15-0025668		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, 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:

The applicant is a represented 62-year-old [REDACTED] employee who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of June 1, 2013. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for a home interferential current unit reportedly requested via an RFA form of January 19, 2015. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated January 19, 2015, the applicant presented reporting multifocal complaints of neck, low back, shoulder, and knee pain reportedly attributed to cumulative trauma over 30 preceding years of employment. A home interferential unit was endorsed on that occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C..

**Decision rationale:** No, the request for home interferential unit (purchase) was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential unit should be purchased only if there is evidence that an applicant has had a successful outcome during an earlier one-month trial of the same, in terms of reduced pain, increased functional improvement, and reduced medication consumption. Here, however, the attending provider seemingly sought authorization for purchase of the device without having the applicant firstly undergo a successful one-month trial of the same. Therefore, the request was not medically necessary.