

<b>Case Number:</b>	CM15-0028991		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, New York, 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 [REDACTED] employee who has filed a claim for chronic neck, hand, wrist, and shoulder pain reportedly associated with an industrial injury of August 23, 2013. In a Utilization Review Report dated January 27, 2015, the claims administrator apparently retrospectively denied an interferential stimulator device reportedly dispensed on February 5, 2014. The applicant's attorney subsequently appealed. On February 27, 2014, the attending provider performed multilevel cervical and facet injections. The attending provider acknowledged that the applicant had failed an interferential unit-TENS unit in his report. In a progress note dated August 14, 2014, the applicant was placed off of work, on total temporary disability. Cervical epidural steroid injection therapy was endorsed. The applicant reported persistent complaints of neck pain radiating to bilateral upper extremities. The applicant's medication list was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: IF Unit, Electrode Refills IF Unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 120 of 127.

**Decision rationale:** No, the already-dispensed interferential stimulator unit with associated electrodes and refills of the same was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator should only be purchased following a successful one-month trial of the same, with evidence of favorable outcomes in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the attending provider did not document or detail the applicant's medication list on multiple office visits, referenced above. There was no clear or concrete evidence of medication reduction. There was likewise no clear or concrete evidence of quantifiable decrements in pain effected as a result of ongoing usage of the interferential stimulator device at issue. The applicant remained off of work, on total temporary disability, despite receiving the interferential stimulator device, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite previous provision of the same. Therefore, the request was not medically necessary.