

<b>Case Number:</b>	CM15-0055254		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Indiana

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 68 year old male, who sustained an industrial injury on 12/11/2009. He reported injuring his back, neck and bilateral knees. Diagnoses have included cervical intervertebral disc disorder with and without myelopathy and rotator cuff syndrome. Treatment to date has included physical therapy and knee surgery. According to the progress report dated 2/23/2015, the injured worker complained of lumbar pain, bilateral foot pain, sacroiliac (SI) pain, cervical pain, left shoulder pain and bilateral knee pain. He rated the pain as 8/10. He also complained of numbness and tingling in the bilateral wrists and hands and the bilateral lower extremities. Physical exam revealed tenderness to palpation at lumbar, sacral, left sacroiliac (SI), right cervical dorsal, left clavicular, left anterior shoulder and left and right anterior knee. There was tenderness to palpation of the left medial joint line with crepitus and edema. The treatment plan was for magnetic resonance imaging (MRI) of the left shoulder and left knee. Authorization was requested for a home inferential stimulator unit 60 day rental trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential stimulator unit 60 day rental trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulator units Page(s): 114-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The request for a 60 day trial is in excess of the guidelines. Therefore, the request is not medically necessary.