

<b>Case Number:</b>	CM15-0082599		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 49 year old female who sustained an industrial injury on August 19, 2013. Previous treatment includes medications, physical therapy, and MRI of the back and left shoulder. Currently the injured worker complains of left knee pain, moderate pain of the left shoulder and frequent moderate pain of the lumbar and cervical spine. Diagnoses associated with the request include cervical radiculopathy, cervical sprain, thoracic sprain and shoulder impingement. The treatment plan includes medications, interspec IF II and monthly supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase - Interspec Interferential II Unit and monthly supplies (Thoracic Spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** This 49 year old female has complained of left knee pain, shoulder pain, neck pain and low back pain since date of injury 8/19/13. She has been treated with physical

therapy and medications. The current request is for Purchase - Interspec Interferential II Unit and monthly supplies (Thoracic Spine). per the MTUS guidelines cited above, Interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. On the basis of the available medical records and per the MTUS guidelines cited above, Purchase - Interspec Interferential II Unit and monthly supplies (Thoracic Spine) is not indicated as medically necessary.