

<b>Case Number:</b>	CM15-0089493		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on 02/07/2005. The injured worker is currently off work. The injured worker is currently diagnosed as having cervical spondylosis without myelopathy and lumbar disc disorder. Treatment and diagnostics to date has included cervical spine surgery, lumbar epidural steroid injection, electromyography, lumbar spine MRI, cervical spine MRI, and medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of neck and low back pain. Objective findings include guarding and tenderness to lumbosacral and cervical spine and mild weakness to lower extremities. The treating physician reported requesting authorization for home interferential stimulation (IFC/Transcutaneous Electrical Nerve Stimulation Unit combo unit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential stimulation (IFC/TENS combo unit): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, neck pain that went into the arms, headaches, and problems swallowing liquids. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for the unspecified rental or purchase of a combination interferential stimulation and TENS unit is not medically necessary.