Case Number:	CM14-0134715		
Date Assigned:	08/27/2014	**Date of Injury:**	12/08/2003
Decision Date:	10/20/2014	**UR Denial Date:**	08/08/2014
Priority:	Standard	**Application Received:**	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 81 pages provided for this review. The application for independent medical review was signed on August 19, 2014. The request simply stated was 'interferential unit.' The claimant is described as a 54-year-old female who injured her right shoulder, neck, and the lumbar spine back in the year of 2003. A progress note from June 12, 2014 stated that the claimant return to the office for medicine. She continued to remain on Norco. She refused detoxification. She believes she had been absolutely dependent on the Norco. Physical examination noted pain behavior, generalized tenderness, painful neck and lumbar spine range of motion. The impression was that the claimant had chronic widespread pain disorder, narcotic dependence eight, and right shoulder impingement and right trochanteric bursitis. There was a chronic cervical spondylosis and chronic lumbar spondylosis. The claimant was recommended for transfer of care. For now, the hydrocodone was renewed to three daily and the claimant discontinued Lyrica and tizanidine. The claimant was provided an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, interferential units.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985).- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005).- Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007).Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. The request is not medically necessary.