

<b>Case Number:</b>	CM14-0148894		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 49-year-old gentleman who sustained multiple injuries in work-related accident on October 18, 2012. The clinical records provided for review included the August 19, 2014, follow-up report noting continued complaints of low back pain, neck pain, left elbow pain for a diagnosis of chronic pain syndrome. The records document that the claimant has treated conservatively with a significant course of chiropractic measures, physical therapy, medication management and work restrictions. Physical examination showed restricted left elbow range of motion and tenderness to palpation over the olecranon. There was also restricted lumbar range of motion, paraspinous muscle tenderness, but no evidence of radicular findings. The diagnoses included lumbar stenosis, chronic neck strain, myospasm, and left elbow strain. The medical records did not include any reports of imaging studies. Recommendation at the last clinical assessment was continued use of medications, referral for a urine drug screen for toxicology, purchase of an interferential stimulator unit, a cryotherapy unit, and referral to pain management for lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 120.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the purchase of an interferential stimulator as medically necessary. The Chronic Pain Guidelines recommend that the use of stimulators for chronic pain in conjunction with a multimodal approach to increased functional improvement, less reported pain and evidence of medication reduction. The Chronic Pain Guidelines do not support the use of an interferential device as an isolated intervention. The medical records indicate the use as an isolated intervention. Without evidence of documentation of a functional restoration program or activities related to increasing work or function, the purchase of the above device would not be supported at this time. Therefore, this request is not medically necessary.