

<b>Case Number:</b>	CM14-0178757		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41-year-old female with a date of injury of 05/30/2012. The listed diagnoses per [REDACTED] are: 1. Post-concussion syndrome. 2. Fibromyalgia. 3. Chronic pain syndrome. 4. Posttraumatic stress disorder. According to progress report 09/24/2014, the patient presents with low back, midback, bilateral arm pain. The patient also complains of headaches. Examination revealed the patient demonstrated a significant emotional distress and tearful when discussing prior negative experience with an acupuncturist. Treater states that "she also exhibited a significant level of pain behavior." He is recommending purchase of a sequential stimulation unit for patient's post-concussion syndrome. Utilization review denied the request on 10/02/2014. Treatment reports from 05/14/2014 through 09/24/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of one Sequential Stimulation Unit.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

**Decision rationale:** This patient presents with upper/lower back pain and complaints of frequent headaches. This is a request for purchase of one sequential stimulation unit. The utilization review denied the request stating that medical file do not establish a trial of an interferential unit. The MTUS Guidelines page 118 to 120 states 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. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. In this case, review of progress reports do not show documentation of the patient's medication use, history of substance abuse, operative condition, nor unresponsiveness to conservative treatment. Documentation to support MTUS criteria has not been made; therefore, recommendation is for denial. Therefore the request is not medically necessary.