

<b>Case Number:</b>	CM15-0011750		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 52 year old female was injured on 10/20/04 in an industrial accident resulting in a cervical epidural injury. She currently continues to have neck pain which radiates down both arms. Medications include Tramadol, omeprazole and Ambien. She is diagnosed with cervical radiculopathy; shoulder arthroplasty, myofascial pain and insomnia. Treatments include cervical epidural steroid block with epidurography at C5-6, medications, physical therapy and home exercises. Diagnostics included radiographs and MRI. She did not have electrodiagnostic studies. The treating physician requested interferential unit and one month supplies due to the injured workers ongoing complaints and objective findings. On 10/20/14 Utilization review non-certified the request for interferential unit and one month supplies citing MTUS: Chronic pain Medical Treatment Guidelines: Interferential Current Stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit, quantity: 1:** Overturned

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

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

**Decision rationale:** Interferential stimulation is appropriate if a patient's pain is ineffectively controlled with medications and if the pain is unresponsive to conservative measures including physical therapy and home exercises. In this case, the patient continued to have pain despite treatments including cervical epidural steroid block, Tramadol, Ambien, and physical therapy. A one month trial is appropriate to study the effects and benefits of inferential stimulation.

**One month of Interferential unit supplies:** Overturned

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

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

**Decision rationale:** Interferential stimulation is appropriate if a patient's pain is ineffectively controlled with medications and if the pain is unresponsive to conservative measures including physical therapy and home exercises. In this case, the patient continued to have pain despite treatments including cervical epidural steroid block, Tramadol, Ambien, and physical therapy. A one month trial is appropriate to study the effects and benefits of inferential stimulation.