

<b>Case Number:</b>	CM15-0015113		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier ankle surgery; a cane; a TENS unit; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a December 29, 2014 Utilization Review Report, the claims administrator denied a request for an interferential stimulator with associated supplies. The applicant's attorney subsequently appealed. In a January 15, 2015 progress note, the applicant reported ongoing complaints of low back, knee, neck, shoulder, and ankle pain. The applicant was not working, it was acknowledged. The applicant was using Nalfon, Flexeril, glucosamine, Neurontin, tramadol, and Protonix. The attending provider sought authorization for a replacement TENS unit and associated supplies. In an earlier RFA form dated December 15, 2014, the attending provider sought authorization for an interferential stimulator/muscle stimulator device. It was suggested that the device at issue represented a replacement interferential stimulator device/combo interferential stimulator/TENS unit device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF or muscle stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C..

**Decision rationale:** 1. No, the proposed interferential stimulator/muscle stimulator device was not medically necessary, medically appropriate, or indicated here. The request in question represents a replacement device. The applicant has apparently previously received the interferential stimulator/muscle device/TENS device at issue. However, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that provision of an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial, in terms of increased functional improvement, less reported pain and evidence of medication reduction. Here, however, the applicant was/is off of work. The applicant remains dependent on a variety of medications, including topical compounds such as Terocin, opioid agents such as tramadol, naproxen, Neurontin, etc. It does not appear, in short, that previous usage of the interferential stimulator device and/or associated garments have, in fact, been successful. Therefore, the request was not medically necessary.

**Conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): Chronic Pain Medical Treatment Guidelines 8 C..

**Decision rationale:** 2. Similarly, the request for an associated conductive garment was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanies the primary request for interferential current stimulator. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a conductive jacket or garment should only be furnished if there is evidence that an applicant has had a favorable outcome during an earlier one-month trial of the interferential stimulator device, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the applicant was/is off of work. The applicant continues to report complaints of severe pain. The applicant continues to use a variety of analgesic and adjuvant medications, including tramadol, naproxen, Neurontin, Terocin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the interferential stimulator device. Therefore, the request for the associated conductive garment was not medically necessary.

