

<b>Case Number:</b>	CM15-0068904		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Tennessee  
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 53 year old man sustained an industrial injury on 3/1/2013. The mechanism of injury is not detailed. Evaluations include lumbar spine and right shoulder MRIs dated 3/9/2015. Diagnoses include lumbar condition, right shoulder impingement syndrome, and chronic pain syndrome. Treatment has included oral medications, TENS unit that was lost, collar with gel, neck pillow, hot and cold wrap, back brace, and shoulder injection. Physician note dated 3/24/2015 show complaints of low back and right shoulder pain. Recommendations include four lead TENS unit with conductive garment, physiatry, physical therapy, neck traction, Flexeril, Tramadol, Neurontin, Vicodin, Voltaren gel, Flector patches, Nalfon, Protonix, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential/Muscle stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118-119.

**Decision rationale:** Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that the ICS unit will be used with other recommended treatments. There is no indication for and ICS unit, therefore the request is not medically necessary.