

<b>Case Number:</b>	CM15-0072603		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 73 year old male who sustained an industrial injury on 7/7/2014. His diagnoses, and/or impressions, included cervical radiculopathy; lumbar radiculopathy; status-post probable left hemispheric cerebral vascular accident; thalamic central pain syndrome; pain in his right shoulder, wrist, hip and knee; cognitive difficulties; speech problems; emotional distress; and sleep disturbance. No current magnetic resonance imaging studies are noted. His treatments have included rehabilitation, with some improvement; and medication management. Progress notes of 1/7/2015, reported generalized, deep headaches with cranio-cervical stiffness; difficulty with speech; fascial tingling and tics; neck pain with probable radiating pain into the right upper extremity with numbness and tingling; right wrist pain; right shoulder and inter-scapular pain; lower back pain with probable radiation into his right leg; claudication and limping episodes; right hip and knee pain with swelling in his feet; an inability to move his right arm or leg; difficulty with memory and ability to think; anxiety and depression; fragmented sleep; and the loss of 40 pounds. Also reported was the inability to perform his activities of daily living. The physician's requests for treatments were noted to include an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The claimant is nearly one year status post work-related injury and is being treated for radiating neck and low back pain and right sided pain affecting the upper and lower extremity. When seen, authorization for physical therapy, acupuncture, and a home interferential unit was requested. Criteria for a one-month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation or failed the other conservative treatments that were requested. Therefore, purchase of a home interferential unit is not medically necessary.