

<b>Case Number:</b>	CM15-0096496		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, New York, 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 72-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 16, 1997. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for an interferential unit with associated conductive garment. A RFA form received on May 6, 2015 was referenced in the determination, along with an office visit dated April 23, 2015. The applicant's attorney subsequently appealed. In a RFA form dated April 23, 2015, a home traction unit, interferential unit with conductive garment, and viscosupplementation injection were sought. In an associated progress note dated April 23, 2015, handwritten, difficult to follow, not entirely legible, it was acknowledged that the applicant was no longer working and had reportedly retired. Multifocal complaints of back and knee pain were reported. Ultrasound guided viscosupplementation injections were sought. The applicant was using oxycodone for pain relief, it was reported. The note, in addition to being very difficult to follow, did not make explicit mention of the need for the interferential stimulator device and/or associated conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit with Conductive Garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118; 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Physical Medicine Page(s): 120; 98.

**Decision rationale:** No, the interferential unit and associated conductive garment was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of "increased functional improvement, less reported pain, and evidence of medication reduction." Here, however, little-to-no narrative commentary accompanied the April 23, 2015 RFA form. It did not appear that the applicant had previously embarked upon and/or received a one-month trial of the interferential stimulator at issue before a request to pursue the same was initiated. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the concurrent request for an interferential unit with associated conductive garment and a lumbar traction device, in effect, ran counter to the philosophy set forth on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.