MAXIMUS Federal Services

| Case Number: | CM14-0155876 | | |
|---|---|---|---|
| Date Assigned: | 09/25/2014 | Date of Injury: | 05/10/2012 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential current stimulator should be predicated on evidence of "increased functional improvement, less reported pain, and evidence of medication reduction" during an earlier one-month trial of the same. In this case, the attending provider seemingly sought authorization to purchase the device without evidence of a previously successful one-month trial. It is further noted that the applicant's ongoing usage of naproxen, tramadol, and topical compounds would seemingly obviate the need for the interferential device at issue. Therefore, the request is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential current stimulator should be predicated on evidence of

"increased functional improvement, less reported pain, and evidence of medication reduction" during an earlier one-month trial of the same. In this case, the attending provider seemingly sought authorization to purchase the device without evidence of a previously successful one-month trial. It is further noted that the applicant's ongoing usage of naproxen, tramadol, and topical compounds would seemingly obviate the need for the interferential device at issue. Therefore, the request is not medically necessary.