

<b>Case Number:</b>	CM13-0005997		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back, right lower extremity and right hip pain associated with an industrial injury date of September 25, 2012. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, home exercise program, activity modification; and medications which include cyclobenzaprine, hydrocodone, naproxen sodium, Norco, Pamelor, and Medrox patch. Medical records from 2012-2014 were reviewed the latest of which dated March 14, 2014 which revealed that the patient complains of a 9/10 low back and lower extremities pain, right greater than the left. She also complains of a 7/10 right hip pain. She states that the medications help and denies side effects. On physical examination, there is tenderness in the lumbar spine, and right hip. Ranges of motion of the lumbar spine was limited with flexion to approximately 50 degrees, extension to approximately 40 degrees, left and right lateral tilt to approximately 40 degrees, and left rotation to approximately 40 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL UNIT RENTAL WITH SUPPLIES:** 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 Section Page(s): 118-119.

**Decision rationale:** As stated on pages 118-119 on the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation 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. In this case, the IF unit rental with supplies was requested because the patient noted positive results with the use of IF unit in the physical therapy facility. However, the recent clinical evaluation states that medications provided pain relief without side effects, as noted by the patient. Although interferential unit will be used as an adjunct to oral medications to maximize its effectiveness; the present request does not specify the planned duration of treatment. Therefore, the request for interferential unit rental with supplies is not medically necessary.