

<b>Case Number:</b>	CM13-0027923		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/24/1996
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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 a 36 year old man who developed a sustained work related injury on August 24 1996. He developed a chronic back pain irradiating to the left gluteal area and leg. Physical examination showed tenderness in the lumbar paraspinal area with reduced range of motion. The patient was treated with Robaxin and Flecto, Norco and other pain medications with some stabilization of his pain. The patient was diagnosed with lower back pain. The provider requested authorization IF unit (In house).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit (in house):** 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 Page(s): 118-120.

**Decision rationale:** According to MTUS guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolation 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, there is no clear documentation of failure of conservative therapies or adverse reactions from medications. The does not fulfill the MTUS criteria for IF therapy. Therefore IF unit (in house): is not medically necessary.