

<b>Case Number:</b>	CM13-0032628		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship-trained Cardiovascular Disease and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 03/11/2009; the mechanism of injury was stated to be the patient was mopping the floor, became entangled in wires, and fell. There is a lack of recent examination as the notes were noted to be from 2012. The patient's diagnoses per the Application for Independent Medical Review were noted to be lumbosacral sprain and strain and lumbosacral discogenic disease. The request was made for an interferential unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

**Decision rationale:** The Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. The guidelines indicate that ICS should be used with recommended treatments including work, and exercise. There is a lack of a clinical

objective physical examination to support the request. As such, the clinical documentation submitted for review failed to provide documentation for the rationale for this device, it failed to indicate that the patient would be using the unit as an adjunct to therapy. The duration of care was not noted, including whether this was a request for rental or purchase. Given the above, the request for an interferential unit with supplies is not medically necessary.