

<b>Case Number:</b>	CM13-0038178		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Orthopedic Surgery, 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 59-year-old female who sustained an injury to the low back in a workrelated accident on 11/30/12. The clinical records for review included a request for authorization on 11/14/13 by [REDACTED] indicating ongoing complaints of pain about the low back noting that a recent MRI scan showed evidence of disc protrusion at L4-5 with abutment of the descending L5 nerve roots bilaterally. [REDACTED] recommended a course of injection therapy to include facet joint injections versus epidural injections. The records documented that the claimant has been treated with medication management, physical therapy, and use of an interferential device. It is unclear how long the claimant has used the interferential device. At present, there is a current request for continuation for use of the device to include an "extension rental" as well as supplies to include electrodes, a power pack, adhesive removal towel, and shipping/handling fee. Further documentation in regard to the use of the interferential device indicates a prescription initially dated 5/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### REQUEST FOR AN INTERFERENTIAL STIMULATOR EXTENSION RENTAL:

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 118-120.

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, extension for rental of the interferential stimulation would not be indicated as medically necessary. Interferential stimulation is only recommended as a conservative modality in conjunction with return to work, exercise, and medication use. It is not recommended as an isolated intervention. At present, there is currently no documentation of the claimant's improvement with use of the device as the claimant is continuing to need help in the form of intervention from injection therapy. Based upon the lack of documentation for the efficacy of the above device in addition to lack of supportive interventions being recommended, the specific request would not be indicated at present.

**REQUEST FOR FOUR PACKS OF ELECTRODES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**REQUEST FOR A POWER PACK:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**REQUEST FOR AN ADHESIVE REMOVER TOWEL MINT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**REQUEST FOR SHIPPING AND HANDLING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.