

<b>Case Number:</b>	CM13-0058145		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 56 year-old female who was apparently injured on 2/14/03. The records provided for this IMR are missing the IMR application and the UR denial letter. According to the provided physician review form, I have been asked to review for a replacement Interferential unit for the lumbar spine. There is an 11/13/12 operative report by [REDACTED] for fusion of the right SI joint, and an 11/29/12 report noting a postoperative complication of DVT and hematoma where the lovenox injection was given. There are no medical reports that discuss efficacy of the interferential unit, and the report that requested a replacement IFC unit was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPLACEMENT IFC UNIT FOR THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** The patient presents with low back pain. Limited information was provided for this IMR. There was no medical reports requesting the IFC unit. No medical reports

discussed efficacy of the IFC unit, There is no UR denial letter and no IMR application. Based on the available information, I am not able to determine whether the patient met the MTUS criteria for the IFC unit in the first place. There is no mention of pain being ineffectively controlled with medications, or side effects of medications, or history of substance abuse or being unresponsive to conservative measures. There is no description of what is wrong with the current IFC unit, or what type of unit is requested as the replacement. Based on the limited information provided, the IFC unit is not in accordance with MTUS guidelines.