

<b>Case Number:</b>	CM13-0061136		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 30-year-old male who reported an injury on 10/21/2012. The mechanism of injury was a lifting injury. In 08/2013, the injured worker was noted to have had a flare-up of symptoms which included increased pain and left leg numbness. The cervical spine was noted to have a normal range of motion. The injured worker was noted to have tenderness and tightness of the lumbar spine with a range of motion of 40 degrees flexion, 10 degrees extension, and 10 degrees side bending bilaterally. The injured worker was noted to have a positive straight leg raise test on the left at 45 degrees and on the right with maximum elevation. Past medical treatment included medications and 2 epidural steroid injections. Diagnostic studies included an x-ray of the lumbar spine on 10/07/2013 and an MRI of the lumbar spine on an unknown date. On 10/31/2013, a request for interferential unit with monthly supplies for 1 year had been made to manage chronic pain, manage acute or postop pain, reduce swelling, and relieve muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERSPEC INTERFERENTIAL UNIT WITH MONTHLY SUPPLIES FOR 1 YEAR:**

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 the California MTUS 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. While not recommended as an isolated intervention, if interferential stimulation is to be used anyway, documented criteria includes pain ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise program/physical therapy treatment, or unresponsive to conservative measures. If those criteria are met, then a 1 month trial may be appropriate. There should be evidence of increased functional improvement, a decrease in pain, and evidence of medication reduction. The documentation submitted for review indicated the injured worker had low back pain that goes up to the upper back. He had received 2 epidural steroid injections and the last injection did not help. He was having symptoms radiating to the left leg with tingling and numbness. The injured worker's current treatment plan included acupuncture, physical therapy, and medication for pain. As the guidelines state, the use of Interferential Current Stimulation shows no evidence of effectiveness except in conjunction with recommended treatments, including exercise and medications, and the documentation failed to provide evidence of the injured worker being unresponsive to conservative measures, the request is not supported. There is no documentation to indicate the injured worker is unable to control his pain with the use of medications due to side effects or diminished effectiveness. Additionally, as the guidelines state a 1 month trial with evidence of increased functional improvement may be appropriate and there was a lack of documentation indicating a one month trial occurred with documented efficacy, the request for one year is not supported. Given the above, the request for interspec interferential unit with monthly supplies for 1 year is non-certified.