

<b>Case Number:</b>	CM13-0067447		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Sports Medicine 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 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 50-year-old male who reported an injury on 02/04/2013. The mechanism of injury was not provided in the submitted medical records. Within the clinical note dated 11/22/2013, it was revealed that the injured worker reported moderate low back pain that was exacerbated by prolonged sitting with repetitive bending. The physician noted within the subjective complaints that the injured worker was recommended for epidural steroid injections. The physical exam was noted to reveal limited range of motion of the low back with no focal neurological deficits L2 through S1 and an unremarkable motor strength evaluation. In addition, the exam revealed the injured worker had a negative straight leg raise test of both lower extremities. An undated previous unofficial MRI was noted to reveal disc protrusions from L2 through S1 with mild to moderate foraminal stenosis at the L5-S1 level. The injured worker's diagnoses included L5 lumbar compression fracture and focal degenerative disc disease with mild to moderate bilateral foraminal stenosis at the L4-5 and L5-S1 levels of the low back. It was also noted within the report that the physician was going to renew the injured worker's Norco 10/325 mg once every six (6) hours as needed for pain and Etodolac XR 600 mg once a day. The injured worker was released to modified duty with no lifting, pushing, or pulling greater than fifteen (15) pounds limited to bending and stooping. The request for authorization was not provided within the submitted medical records, or a rationale for the medical necessity of the unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT (DME): INTERFERENTIAL (IF) 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The Chronic Pain Guidelines indicate that interferential current stimulation is not recommended as an isolated intervention. The guidelines further state 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. Additionally, the guidelines have set forth criteria, which determines the medical necessity of using an interferential unit. The criteria includes documentation that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Also, there is a criteria regarding the set forth use of inferential units if there is a history of substance abuse or significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment. Lastly, the guideline criteria include utilization if the injured worker is unresponsive to conservative measures. Once those criteria have been met, then a one (1) month trial may be appropriate to permit the physician and physical medicine provider to submit the effects and the benefits. Within the submitted medical records there was no discussion of the medical necessity of the interferential unit or the failure of previous transcutaneous electrical devices. In addition, the documentation does not address the criteria set forth by the guidelines including documentation of pain assessments and an exhaustion of conservative care. Without the documentation that address the guideline criteria for the utilization of an interferential unit, an explanation in the request for the duration of use not to exceed the one (1) month trial set forth by the guidelines, and documentation to show that the patient has exhausted conservative care, the request cannot be supported at this time by the guidelines. As such, the request is not medically necessary.