

<b>Case Number:</b>	CM13-0069070		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & 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 patient is a 55-year-old female who reported injury on 11/20/2012. The mechanism of injury was a slip and fall. The documentation of 11/05/2013 revealed the patient had positive tenderness in the paralumbar musculature and posterior super iliac spine region. The patient had bilateral positive tenderness of the SI joints. The patient had right muscle spasm in the paralumbar musculature. The patient had limited range of motion. The patient's diagnosis included low back pain, SI joint synovitis right side, herniated disc of the lumbar spine, pars defect of the lumbar spine, and radiculitis of the right lower extremity at the L4 dermatome. The treatment plan included continued chiropractic therapy 3 times 6 weeks and MEDS 3 interferential pain stimulator unit to relieve the patient's pain as the TENS unit was no longer giving pain relief. Additionally, the request was made for medications. Subsequent documentation indicated there was a request for spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL STIMULATOR, 1 MONTH RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

**Decision rationale:** California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. Clinical documentation submitted for review failed to indicate the patient would not be utilizing the unit as a standalone treatment. Additionally, as there noted to be a request for surgery with the submitted documentation, there is a lack of documentation indicating the necessity for the interferential stimulator unit. Given the above, the request for interferential stimulator 1 month rental is not medically necessary.