

<b>Case Number:</b>	CM14-0002486		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 31-year-old male who was injured on June 8, 2012. The mechanism of injury is not specified. On November 26, 2013, the patient is documented as returning with further complaints of low back pain radiating to both lower extremities and headaches. Pain level is rated as 2/10 with medications and 5/10 without. The physical examination documents lumbar myofascial tenderness, no change in motor sensory examination, and tenderness over the spinous processes at L4-S1. The utilization review in question was rendered on December 9, 2013. The claims administrator noncertified the request for an inferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 DAY RENTAL OF AN INTERFERENTIAL UNIT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 171.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation pages 118-120.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines note that interferential current stimulation (ICS) is not recommended as an isolated

intervention. Additionally, notes limited evidence of improvement when utilized with exercise, medications, and return to work plan. The California Medical Treatment Utilization Schedule Guidelines note that while not recommended as an isolated intervention patient selection criteria for an inferential stimulation unit should include the following pain is ineffectively control data diminished effectiveness of medications, or did medication side effects, history of substance abuse, or significant postoperative pain with numbness to perform exercise programs. Additionally, if the injured worker is unresponsive to conservative measures this unit may be an option. The clinical documentation indicates that the patient is tolerating the medication is well. As such, the request for a 30 day rental of a interferential unit is not medically necessary and appropriate.