

<b>Case Number:</b>	CM14-0103014		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a lumbar support; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 2, 2014, the claims administrator denied a request for an interferential unit, a donut pillow, and a lumbar support. The applicant's attorney subsequently appealed. In an application dated July 3, 2014, the applicant's attorney apparently appealed the interferential unit denial alone. In an April 30, 2014 progress note, the applicant reported multifocal mid-to-low back pain, shoulder pain, elbow pain, headaches, leg pain, sleep disturbance, depression, and weight gain. The applicant had not worked since August 2013, it was acknowledged. Per report, the applicant was currently taking aspirin for pain relief. Epidural steroid injection therapy was sought, along with electrodiagnostic testing, lumbar support, MRI imaging of the hip, pillow, physical therapy, Naprosyn, Prilosec, Norco, and Fexmid. The applicant was kept off of work, on total temporary disability. The interferential unit was apparently sought on a 60-day rental basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) unit 30 minutes a day, 3 times a day for 60 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

**Decision rationale:** While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential stimulation can be employed on one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, pain is ineffectively controlled due to medications side effects, and/or history of substance abuse, which would prevent provision of analgesic medications. In this case, however, none of the aforementioned issues appear to be present here. The applicant was given Naprosyn, Norco, Flexeril, tramadol, etc., reportedly for the first time on April 30, 2014. There was no seeming evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify selection and/or ongoing usage of the interferential unit. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines recommends a 30-day trial of an interferential unit in applicants who do meet the qualifying criteria; the request, as written represents a request for a two months trial, which does effectively represent treatment beyond MTUS parameters. Therefore, the request is not medically necessary.