

<b>Case Number:</b>	CM14-0108802		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family 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:

This is a male patient who reported an industrial injury to his right knee and low back on 12/5/2012, almost two (2) years ago, attributed to the performance of his usual and customary job tasks. The patient was treated conservatively; however, underwent right knee arthroscopic surgical intervention. The patient complains of continued right knee pain and continued lower back pain. The objective findings on examination included tenderness right knee without infection; tenderness lumbar spine; spasm in the calf musculature and lumbar paraspinal musculature. The diagnoses were status post right knee surgery 6/2013; protrusion 3 mm L4-L5 with bilateral foraminal stenosis; annular tear L4-L5; and protrusion 2 mm L5-S1. The treatment plan included additional physical therapy and the purchase of an interferential muscle stimulator for the treatment of the postoperative knee and lower back. The patient was dispensed naproxen 550 mg #90; cyclobenzaprine 7.5 mg #90 Pantoprazole 20 mg #90; and tramadol ER 150 mg #60. The patient was continued on TTD status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase of Interferential Unit (IF): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014b web-based edition; California MTUS guidelines, web based edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy; interferential current stimulation Page(s): 115; 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation

**Decision rationale:** The request for authorization for an interferential muscle stimulator provided no objective evidence to support the medical necessity of the IF neuromuscular stimulator and override the recommendations of the provided evidence-based guidelines. There was no peer reviewed objective evidence that was accepted by the national medical community to support the medical necessity of the IF unit for the treatment of chronic pain to the lower back and postoperative knee. The request is inconsistent with the recommendations of the CA MTUS for the use of electric muscle stimulators. There was no provided documentation that the patient was participating in a self-directed home exercise program for the effects of the industrial injury. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the Tens Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS and the Official Disability Guidelines only recommend the use of the Tens Unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the IF Electrical muscle stimulator unit in the treatment of chronic neck, back, or shoulder pain. The evidence-based guidelines discuss the ineffectiveness/side effects of medications; history of substance abuse; or an inability to respond to conservative treatment or perform physical therapy, which are not documented by the requesting physician. There is no demonstrated medical necessity for the purchase of the interferential muscle stimulator with supplies. Therefore the request is not medically necessary.