

<b>Case Number:</b>	CM14-0109367		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	06/19/2014
<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 Florida. 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 an adult female with a date of injury of 1/27/2014. The mechanism of injury is not discussed in the provided documentation. On a June 3rd 2013 progress note this patient was noted to be complaining of low back pain with radiation to the extremities. Unfortunately, much of this note is illegible. It does appear that an MRI, IF unit, and heat pad were prescribed for treatment. Again a substantial amount of the provided documentation is illegible and is rather sparse. A utilization review physician did not certify a request for an IF unit rental for two months duration with its accompanying power pack, electrodes, etc... A heating pad was also not certified. Therefore, an Independent Medical Review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Unit rental for two (2) months with supplies (Moist Heat Pad #1, Electrodes #8 packs, Power pack #24, Adhesive Remover Towel Mint #32, TT & SS Lead wire #1, Tech Fee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The California MTUS guidelines do not recommend Interferential units as an isolated intervention. The guidelines make it clear that their use is controversial. Regarding this patient's case, a 2-month interferential unit rental was requested. Above guidelines clearly state that only a one-month trial is appropriate. Also, the provided documentation does not definitively show that this patient has not responded to other conservative measures. This request for an interferential unit rental for two months as well as its requested supplies (power pack, electrodes, adhesive remover towel mint, TT and SS lead wire, and technician fee) is not medically necessary.