

Case Number:	CM14-0010601		
Date Assigned:	02/21/2014	Date of Injury:	11/15/2010
Decision Date:	06/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/27/2014

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 Internal Medicine, has a subspecialty in Emergency 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:

This patient is a 54-year-old with a date of injury of 11/15/10. A progress report associated with the request for services, dated 11/11/13, identified subjective complaints of low back pain into the lower extremities. Objective findings included tenderness to palpation of the lower extremities with normal motor and sensory function. Diagnoses included lumbar disc disease with radiculopathy. Treatment has included medication, acupuncture, and epidural steroid injections. A Utilization Review determination was rendered on 12/16/13 recommending non-certification of "interferential unit for the lumbar spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12, 308

Decision rationale: Interferential Current Stimulation (IF) therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the back. For other conditions, a one-month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, Complex regional pain syndrome (CRPS) I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: 1) Documentation of pain for at least three months duration. 2) Evidence that other appropriate pain modalities have been tried (including medication) and failed 3) A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. 4) Other ongoing pain treatment should also be documented during the trial period including medication usage. 5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Specifically, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. While studies are mixed as its effectiveness, the Guidelines note that if used, the following patient selection criteria should be used: 1) Pain is ineffectively controlled due to diminished effectiveness of medications; OR 2) Pain is ineffectively controlled with medications due to side effects; 3) History of substance abuse; OR 4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; OR 5) Unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate. A jacket should not be authorized for a one-month trial. In this case, the ICS unit is being requested for a type of pain not indicated for treatment. Transcutaneous electrotherapy is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month trial should be attempted. Therefore, there is no documented medical necessity for an Interferential Current Stimulation Unit (ICS) unit.