

<b>Case Number:</b>	CM14-0123025		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Orthopedic Surgery 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 52 year-old male who sustained a vocational injury on 06/13/07. The claimant's working diagnosis includes failed back, anterior and posterior fusion at L4-5 and L5-S1 interbody fusion, lumbar radiculopathy, insomnia, anxiety and depression, and a history of nonindustrial hypertension. The office note dated 07/15/14 noted that the claimant complained of pain in the low back radiating to the left lower extremity and into the right buttock, had increased spasm and difficulty falling asleep. On exam of the lumbosacral spine, there was a well-healed surgical scar in the lumbosacral spine and abdomen area that was sensitive to touch. He had tenderness in the lumbosacral spine and paraspinal muscle. Range of motion of the lumbosacral spine was painful, decreased and restricted on abduction to about 60 percent. Straight leg raising both sitting and supine was noted to be 45 degrees on the left and 60 degrees on the right. The claimant had radicular pain in the L4-5 and L5-S1 distribution, an antalgic gait and walked with a single point cane. Medications were provided to the patient in the form of narcotics, antiinflammatories, and Proton pump inhibitors. The claimant was to continue with a home exercise program, aquatic therapy, as well as hot and cold packs. This request is for the purchase or rental of an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) purchase or rental of interferential unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Documentation presented for review suggests the claimant has failed physical therapy, modification of activities, acupuncture, and previous chiropractic therapy, bracing, sacroiliac joint injections, facet injections, and epidural steroid injections. While not recommended as an isolated intervention, interferential stimulation may be considered appropriate in the setting if pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medication due to side effects, there is significant pain from postoperative condition that limits the ability to perform exercise program such as physical therapy, claimants are unresponsive to conservative measures. Documentation presented for review suggests the claimant has ongoing subjective complaints of pain with some abnormal physical exam objective findings and has exhausted a continuous course of conservative treatment in the postoperative setting. Based on the documentation presented for review and in accordance with Chronic Pain Guidelines, at this point it would seem medically reasonable to proceed with a one month rental of an interferential unit and based on the documentation presented following the one month rental, the decision of purchase could be considered somewhere in the future.