

<b>Case Number:</b>	CM14-0174407		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Practice and is licensed to practice in Ohio. 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 injured worker is a 62-year-old female with cumulative dates of injury between March 6, 2006 and December 17, 2012. She was seen on May 1, 2014 complaining of low back pain radiating to the left lower extremity associated with numbness, tingling, and weakness. The physical exam revealed an antalgic gait, tenderness to palpation of the lumbar paravertebral muscles and left sacroiliac joint. There was diminished lumbar range of motion, a positive Kemps test, a diminished left Achilles reflex, and diminished sensation in the region of the left L4 dermatome. The diagnoses include lumbosacral sprain/strain, left sacroiliac joint sprain, thoracic spine sprain/sprain, and headaches. On this date an interferential unit and lumbar conductive garment were ordered. The injured worker was to continue Norco and her home exercise program. She was seen again on 7-7-2014 with much the same complaints and physical exam. No mention was made of a response to a home interferential unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine conductive garment for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119-120.

**Decision rationale:** Interferential current stimulation (ICS) may be a treatment for back pain which works with paired electrodes of two independent circuits carry differing medium frequency alternating currents so that current flowing between each pair intersects at the underlying target. The frequency allows the Interferential wave to meet low impedance when crossing the skin. Treatments involve the use of two pairs of electrodes and most units allow variation in waveform, stimulus frequency and amplitude or intensity, and the currents rise and fall at different frequencies. It is theorized that the low frequency of the interferential current causes inhibition or habituation of the nervous system, which result in muscle relaxation, suppression of pain and acceleration of healing. While it is not recommended as an isolated intervention, interferential current stimulation is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this circumstance, there is no evidence that a month trial has occurred. Functionally, the injured worker had worsened between the time of prescription, 5-1-2014, and the follow up appointment on 7-7-2014 as evidenced by further reductions in ranges of motion. Consequently, a lumbar spine conductive garment (to hold the conductive pads for the interferential unit) is not medically necessary per the cited guidelines.