

<b>Case Number:</b>	CM14-0028975		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar strain and radiculopathy associated with an industrial injury date of 11/05/2012. Treatment to date has included physical therapy, trigger point injections, acupuncture, and medications including Omeprazole, Cyclobenzaprine, Naproxen Sodium, Terocin patch, Norco, Theramine, Sentra, and Ibuprofen. A utilization review from 01/09/2014 denied the request for interferential unit because the patient did not meet guideline criteria. Medical records from 2013 to 2014 were reviewed showing that the patient complained of chronic lower back pain graded 6/10 radiating to both legs described as numbness, tingling, cramps, and needles sensation. Pain was aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive stooping, repetitive kneeling, repetitive squatting, pushing, pulling, climbing, lifting heavy objects more than 15 pounds, and cold weather. Pain was alleviated with rest, activity modification, heat, and cold. Physical examination showed paraspinal muscle guarding and spasm with tenderness at the sciatic notch, bilaterally. Range of motion of the lumbar spine showed restricted flexion at 30 degrees, extension at 10 degrees and lateral bending at 10 degrees, both. Motor strength was 5/5 at all extremities. Valsalva, Kemp's, Facet, and Iliac Compressions tests were positive bilaterally. Deep tendon reflexes for both hamstrings and knees were diminished bilaterally. An MRI of the lumbar spine, dated 03/08/2013, revealed L4-5 with small bilateral foraminal disc protrusions and slight impingement of the exiting left L4 nerve root without significant lumbar spinal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL (IF) UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

**Decision rationale:** As stated on pages 118-120 in the MTUS Chronic Pain Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, there is a history of substance abuse, the patient experiences significant pain from post-operative conditions limiting treatment, or the patient is unresponsive to conservative measures. In this case, the patient has significant low back pain but it is unclear whether conservative treatment measures were effective as there was no documentation concerning the employee's functional gains after 12 sessions of physical therapy, based on a 11/27/2013 report. There were no pain scores or overall measure of the patient's functional capacity to deem medications as being insufficient. The request does not specify a duration nor is it for a one month trial. Therefore, the request for an interferential (IF) unit is not medically necessary and appropriate.