

<b>Case Number:</b>	CM14-0029667		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Arizona. 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:

Patient is a 53 year old male with a date of injury on 7/11/2008. Patient has been treated for ongoing symptoms in the lumbar spine. Subjective complaints are of low back pain rated at 7/10, with numbness and tingling to the legs. Physical exam shows bilateral L5-S1 numbness, decreased ankle reflexes, positive lumbar tenderness, and decreased lumbar range of motion. Patient is status post L4-S1 posterior fusion in 2010. Medications include Norco, Fexmid, Ultram, Mentherm, and Pantoprazole. CT scan from 1/7/14 showed solid fusion and MRI of lumbar spine on 1/27/14 showed no evidence of neural compression. Other treatments have included physical therapy and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEM: INTERFERENTIAL UNIT TRIAL FOR THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NMES, 2009

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

**Decision rationale:** CA MTUS does not recommend interferential current stimulation as an isolated intervention. But CA MTUS does suggest it is possibly appropriate to have a one month

trial if the following criteria are met: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. For this patient, pain relief has been ineffective with medication and conservative measures. Therefore, a one month trial of interferential current treatment is medically necessary.