

<b>Case Number:</b>	CM14-0032337		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 injured worker is a 60-year-old with an injury date of 5/8/12. Based on the 2/18/14 progress report provided by the requesting medical provider, the diagnoses are: status post left L4-5 and L5-S1 discectomy, improving; L4-5 and L5-S1 disc herniation due to injury at work with worsening pain despite conservative treatments for over a year; disc herniation in cervical C3-4 as well as C4-5, C5-6 and C6-7; thoracic multi-level disc protrusions; depression; erectile dysfunction; gastrointestinal (GI) pain due to medications; insomnia; and neuropathic pain in the left lower extremity. The exam on 2/18/14 showed "[g]ait improving slowly, still antalgic, still uses cane. Difficulty moving left side due to neuropathic pain. Pain to palpation at L4-L5 and L5-S1 area. Range of motion limited secondary to pain. Normal strength, normal sensory exam. Straight leg raise negative bilaterally." [REDACTED] is requesting an Interferential unit. The utilization review determination being challenged is dated 2/26/14 and modifies the request to a 1-month trial. [REDACTED], the requesting provider, provided treatment reports from 8/6/13 to 2/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

**Decision rationale:** This patient presents with lower back pain, as well as bilateral leg pain with numbness and weakness, and is status post left L4-L5 and L5-S1 laminectomy decompression discectomy from 11/12/13. The treater asked for an interferential unit on 2/18/14. The 2/18/14 report states the patient was improving postoperatively, but recently condition is worsening, with new pain in bilateral lower extremities. The patient has attempted NSAIDs (non-steroidal anti-inflammatory drugs), physical therapy, chiropractic, and acupuncture treatments without benefit, per the 2/18/14 report. The treater will discontinue MS-Contin and Oxycodone and is switching to Butrans patch according to the same report. Per MTUS guidelines, interferential (IF) units are recommended if medications do not work, if there is a history of substance abuse, or for post-operative pain control. In this case, the patient has failed conservative treatments and medication is not effective. The treater has asked for an interferential unit, which is appropriate for the patient's worsening neuropathic pain. However, MTUS guidelines require a one-month home trial before it can be used more permanently. There is no evidence that the patient has had a successful one-month trial of the IF unit. Therefore, the requested IF unit is not medically necessary and appropriate.