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| Case Number: | CM14-0037373 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/13/2011 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 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 34 yr. old male claimant sustained a work injury on 8/13/11 involving the lumbar spine. He had developed multi-level discopathy and underwent lumbar spine surgery in 2012. He had received epidural injections for radicular symptoms as well as oral analgesics and acupuncture. An exam report on 1/17/14 indicated continued low back pain with walking limitations. Physical findings included paraspinal muscle tenderness. A request was made for an EMS unit and Vita wrap to help reduce symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase IFC (Interferential Current) unit, QTY: 1, with 12 months of supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Current.

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

Decision rationale: According to the California MTUS guidelines, Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The studies suggested that their main limitation was the heterogeneity of the low back pain subjects, with the interventions performing much better for back pain due to previous multiple vertebral osteoporotic fractures, and further studies are necessary to determine effectiveness in low back pain from other causes. A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy and patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. See also Sympathetic therapy. See also TENS, chronic pain. In this case, the request is for an IFC unit use for 1 year, based on the above guidelines, IFC is not proven to be beneficial for long term use. There is no evidence that other modalities are proven ineffective. The IFC is therefore not medically necessary.