

<b>Case Number:</b>	CM14-0065066		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/24/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 is licensed to practice in Texas. 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 male whose date of injury is 04/24/2000. The mechanism of injury is not described. Diagnoses are lumbar spondylosis, lumbar sprain/strain, facet syndrome, disc disease and disc bulges. Evaluation dated 03/27/14 indicates that low back pain is rated as 6-7/10 on the visual analog scale. The injured worker would like to hold off on the rhizotomy procedure. The injured worker was recommended for an Interferential Unit for home use due to his back pain and due to the benefits he has had in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit for Home Use, Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ICS (Interferential Current Stimulator).

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

**Decision rationale:** Based on the clinical information provided, the request for Interferential Unit for home use, low back is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker has reportedly used an interferential unit; however,

there are no objective measures of improvement provided to establish efficacy of treatment as required by CA MTUS guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request is not medically necessary.