

<b>Case Number:</b>	CM14-0071629		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/21/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 & Rehabilitation 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 62-year-old female who reported an injury on 03/21/2000 due to an unknown mechanism of injury. Diagnoses were spondylosis of unspecified site without mention of myelopathy, lumbar disc disease, Lumbago, lumbar radiculopathy pain, knee pain, and low back pain. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was for right knee surgery on 04/30/2012. The injured worker had a physical examination on 06/11/2014, with complaints of back, leg, and knee pain. She complained of increased back and right leg pain, burning in nature. Examination of the lumbar spine revealed paravertebral tenderness. Straight leg raise test was positive on the right at 45 degrees, positive on the left at 70 degrees. Motor system revealed mild weakness of the calf muscles. Sensory examination was normal. Gait was with the use of a cane. Medications were morphine sulfate tablet 15 mg, Avinza capsule 30 mg, Neurontin 100 mg. Treatment plan was for physical therapy and 1 interferential unit with supplies for the bilateral knees and low back, as an outpatient for 30 to 60 day rental and/or purchase. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit with supplies for the Bilateral Knees and low back, as an Outpatient for 30-60 day rental and/or purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates for interferential current stimulation it is 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 medication, and limited evidence of improvement on those recommended treatments alone. 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 line, and electrode placement or technique. While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway it is possibly appropriate for the following conditions, if it is documented and proven to be effective as directed or applied by the physician, or a provider licensed to provide physical medicine. It has to be documented that the pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects. It should be documented there is a history of substance abuse or significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, or they are unresponsive to conservative measures. The request submitted does not indicate a physician or a provider licensed to provide physical medicine is going to be using this on the injured worker. It was not reported that the injured worker's pain was ineffectively controlled with medications due to side effects or diminished effectiveness of medications. It was not reported that the injured worker had significant pain from postoperative conditions that limited the ability to perform exercise therefore, the request for Interferential unit with supplies for the Bilateral Knees and low back, as an Outpatient for 30-60 day rental and/or purchase is not medically necessary.