

<b>Case Number:</b>	CM14-0088446		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Internal Medicine 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:

This is a case of a 51 year old female with a date of injury of 10/7/2011. In a primary treating physician report by [REDACTED] dated 4/18/2014, the patient was there for a follow-up of low back pain. Her pain is 6-8/10 and increases with walking. She has a hard time sleeping at night. On physical examination, patient has a surgical incision over the lumbar spine measuring about 5 cm. She has an antalgic gait favoring the left side. She has 2+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. She also has 2+ tenderness and spasm over the spinous processes from L3 through S1 bilaterally. Straight leg raise is positive at 60 degrees on the left with lower extremity radicular pain. Kemp's test is positive bilaterally and gross muscle strength on the left knee is 4/5. She is diagnosed with lumbar spine radiculitis and she is status post lumbar spine fusion. At that time, it was requested that patient receive a home interferential unit for the low back for pain control and for functional restoration. The patient has undergone 3 epidural injections, acupuncture therapy, physical therapy a lumbar spinal fusion, as well as chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interspec Inferential (IF) Unit and Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 118-120.

**Decision rationale:** Based on MTUS guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality of evidence of effectiveness except in conjunction with recommended treatment, 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 methodological 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 ICS for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Two recent randomized double-blinded controlled trials suggested that ICS and horizontal therapy were effective in alleviating pain and disability in patients with chronic low back pain compared with placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of 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. ICS is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by a physician or a provider licensed to provide physical medicine: pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is no documentation of medication side effects, history of substance abuse or significant pain that limits her ability to perform exercise/physical therapy treatment. Also, the request is for Interspec Inferential Unit and supplies and there is no indication as to the length of treatment proposed. A month trial is recommended based on MTUS guidelines for patients meeting the above criteria prior to approving continued inferential treatment. Therefore, based on MTUS guidelines and the evidence in this case, the request for Interspec Inferential Unit and Supplies is not medically necessary.