

<b>Case Number:</b>	CM14-0090853		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/21/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 35-year-old woman who sustained a work related injury on November 21, 2006. Subsequently, she developed chronic back pain. On January 7, 2013, the patient underwent a lower back surgery removal of posterior segment internal fixation, revision and augmentation of fusion. According to the progress report dated January 9, 2104, the patient continued to have low back. Her physical examination demonstrated lumbar reduced range of motion, negative straight leg raising and preservation of motor strength. According to the progress report May 8, 2014, the patient was complaining of low back pain and buttock pain. Her physical examination demonstrated the lumbar spinous and reduced range of motion and straight leg raising test was positive bilaterally. The patient was switched from Soma to Flexeril and was diagnosed with low back pain, status post lumbar laminectomy, and spasm. The patient had extensive treatment with medications and therapy. Urine drug screen results are consistent with the use of Norco. The provider requested authorization to use IF (Interferential) unit with 3 month supply of pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit with three month supply of pads.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** According to MTUS guidelines, Interferential Current Stimulation (ICS) 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 medications with 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. This type of treatment can possibly be appropriate for patients who pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, there is no clear evidence that the patient did not respond to conservative therapies, or have pain that limit his ability to perform physical therapy. There are no controlled studies supporting the use of Interferential (IF) as a monotherapy for the treatment of back pain. In addition, there is no clear documentation of failure of pharmacological treatments or TENS therapy. Therefore, this request is not medically necessary.