

<b>Case Number:</b>	CM14-0176821		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old male, who sustained an industrial injury on 1/22/2014. He has reported slipped and falling down stairs. The diagnoses have included lumbar sprain, leg contusion, and lumbar disk degeneration. Treatment to date has included medication, physical therapy, chiropractic care, and steroid epidural injection. Currently, the IW complains of back pain with radicular symptoms. On 11/24/14 physical examination documented tenderness, muscle spasms, and decreased Range of Motion (ROM) of lumbar spine. The plan of care included medications as previously prescribed, home exercise, schedule of a medial branch block versus right SI joint injection, use of a back brace and home electrical interferential unit with referrals to pain management. On 10/3/2014 Utilization Review non-certified a Home Interferential Stimulus unit (OS4) and pain management consultation. The MTUS, ACOEM and ODG Guidelines were cited. On 10/24/2014, the injured worker submitted an application for IMR for review of a Home Interferential Stimulus unit (OS4) and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential stimulator unit (OS4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Inferential current stimulation Page(s): 118 - 119.

**Decision rationale:** The injury was on 01/22/2014. MTUS guidelines note there are no documented efficacy when inferential current therapy is evaluated without other treatment modalities. "There is no quality evidence of effectiveness except in conjunction with recommended treatments." It is difficult to ascertain if the use of an inferential stimulator unit when added to recommended treatment adds to the efficacy in any way. The home inferential unit is not medically necessary.