MAXIMUS Federal Services

| Case Number: | CM14-0190224 | | |
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| Date Assigned: | 11/21/2014 | Date of Injury: | 04/22/2007 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

## 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, has a subspecialty in Interventional Spine 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 patient is a 48-year-old male with injury date of 04/22/07. Based on the 10/01/14 progress report, the patient complains of lower back pain radiating to the lower extremities. Patient rates his pain 7/10 on average, and has difficulty with his daily activities including bending, stooping, squatting, prolonged standing, and walking. Physical examination of lumbar spine revealed spasm, tenderness, and guarding in the paravertebral musculature. Range of motion was decreased. Decreased sensation over the lumbar sacral dermatomes bilaterally. Patient ambulates with an antalgic gait using a cane for balance. Patient stated that his TENS unit was effective in reducing his medications; however, it is no longer functional per 10/01/14 progressive report. The treating physician did not receive response for requested authorization for replacement of patient's TENS unit per 10/01/14 report. Treating physician is requesting a new at-home interferential unit for purchase to reduce pain and increase flexibility in the lumbar spine per 10/01/14 report. According to the treating physician, per 09/03/14 progress report, the patient's "whole spinal impairment is 50%." The treating physician also stated that the patient reached "maximum medical improvement," and further surgery was not indicated per 09/03/14 report. Surgery: Lumbar spine fusion with subsequent hardware removal per 09/03/14 progress report. Diagnosis 10/01/14: Lumbar Disc Displacement without Myelopathy; Thoracic or Lumbosacral Neuritis or Radiculitis; Sprains and Strains of Lumbar Region.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement at-home interferential unit for purchase:** Upheld

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

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

**Decision rationale:** Patient presents with lower back pain radiating to the lower extremities. The request is for Replacement at Home Inferential Unit for Purchase. Patient is status post lumbar spine fusion with subsequent hardware removal per 09/03/14 progress report. Diagnosis dated 10/01/14 included lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and sprains and strains of lumbar region. MTUS (page 118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or 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 (e.g., repositioning, heat/ice, etc.). Treating physician is requesting a new at-home interferential unit for purchase to reduce pain and increase flexibility in the lumbar spine per 10/01/14 report. Other than a generic statement that the patient reached "maximum medical improvement," the review of progress reports do not show how this unit is used and with what functional benefit. The treating physician does not explain why a replacement unit is needed either. For on-going use of these units, the use and efficacy in terms of functional improvement must be provided. The request is not medically necessary.