

<b>Case Number:</b>	CM14-0198977		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/08/1997
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a remote history of a work injury occurring on 09/08/97 while working as an electrician and carrying a container of electrical political conduit with injury to the right shoulder, neck, and back. He was seen by the requesting provider on 07/02/14. There had been a recent flare of severe lumbar spine pain. He was having difficulty transitioning positions. He had not had any recent treatments. Physical examination findings included generalized lumbar spine tenderness with a forward posture and restricted gait. He had pain with lumbar spine range of motion. There was mild right scalene muscle tenderness with positive Tinel's over the brachial plexus and positive costoclavicular abduction test. Medications were refilled. Authorization for physical therapy was requested. The assessment references needing replacement of an interferential unit as his old unit had broken. On 07/09/14 his symptoms had progressed. He was essentially bedbound. Authorization for additional testing was requested. On 07/16/14 there had been some improvement with Medrol. On 08/20/14 the note references the claimant as upset that his interferential unit had not been replaced and, when using it, that there had been less frequent physician visits. Medications were refilled. On 09/17/14 he had completed physical therapy treatment sessions. The results of a new lumbar spine MRI were reviewed. Findings included facet arthropathy and moderate to severe spinal stenosis at L4-5. On 10/29/14 there had been improvement after acupuncture treatments. A formal course of treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

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

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic low back pain. He has previously used an interferential stimulation unit with reported benefit. Criteria for the continued use of an interferential stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, when the claimant's unit failed he had increased pain and an increased frequency of medical visits. Replacing the unit was therefore medically necessary.