

<b>Case Number:</b>	CM14-0203540		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, 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 53 year old male with the injury date of 10/22/12. The physician's one report 10/17/14 does not contain much information about the patient's condition, treatment's history and etc. The patient has low back pain at 4/10 with medications and 7-8/10 without medications. The patient presents limited range of lumbar motion. His lumbar flexion is 50 degrees. The lists of diagnoses are: 1) S/P bilateral L4-L5 decompression 04/25/14 2) Mild to moderate spondylosis. The utilization review letter 11/04/14 indicates that the patient has had physical therapy as post-op rehabilitation and medications. The patient has persistent symptoms of radiculopathy. The treater requested "1) initial trial of 30-60 days of Interferential Stimulator twice daily and as needed for pain control; to reduce need for oral medication; promote reduction of muscle spasms; improve circulation; provide a self-management modality to improve functional capacity and activities of daily living. 2) purchase of Interferential Stimulator and continued necessary supplies for long term use." The utilization review certified a 30 day trial and denied purchase of Interferential Home Unit DME purchase. The utilization review determination being challenged is dated on 11/04/14. One treatment report was provided on 10/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential home unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient presents with his low back pain. The request is for interferential home unit purchase. MTUS guidelines 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.)" Review of progress report does not show documentation of patient's medication use, history of substance abuse, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. MTUS requires 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. The utilization review on 11/04/14 certified a 30 day trial. The request of interferential home unit purchase is not medically necessary at this time.