

<b>Case Number:</b>	CM14-0041428		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

Injured worker is a female with date of injury 8/22/2012. Per initial orthopedic evaluation dated 5/6/2013, the injured worker complains of constant, moderate to severe, throbbing, pressure type pain with stiffness in her low back. She reports radiating pain down her legs, left to the knee and right to the foot and toes. She experiences numbness and tingling down her right leg into her foot and toes. She notes swelling without discomfort in her lower back, mainly right sided. She denies any locking, popping or grinding sensations in her lower back. She notes weakness and giving out of her legs, more noticeable on the right, along with a loss of balance. Sitting, prolonged standing, bending, lifting objects and kneeling aggravates her symptoms. Lying flat on the floor and the use of medications affords her some relief. On examination there is tenderness to deep palpation with guarding of the lumbar paraspinal musculature. There is positive straight leg raise on the right. Lumbar spine range of motion is reduced with pain. Bilateral lower extremity strength is 5/5 throughout. Sensory examination is notable for decreased sensation in L5 dermatomal distribution bilaterally. Lower extremity reflexes are normal. MRI of the lumbar spine on 3/24/2013 shows a 5 mm central disc protrusion with mild central stenosis and mild bilateral lateral recess stenosis without significant neurologic impingement. There is disc desiccation at L4-5 and L3-4 without loss of disc height and disc desiccation at L4-S1 with mild loss of disc height. Diagnoses include 1) musculoligamentous sprain/strain, lumbar spine 2) disc protrusion, L4-5, with right L5 radiculitis. She is permanent and stationary. Primary treating physician progress report dated 2/10/2014 notes that she has low back pain with sciatica, and is status post two epidural steroid injections with no relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds 4 with electrodes- 3 month rental:** 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:** The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. Medical necessity of the Meds 4 unit and associated supplies for 3 month rental has not been established within the recommendations of the MTUS Guidelines. The request for Meds 4 with electrodes- 3 month rental is determined to not be medically necessary.

**Conductive garment:** 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:** The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. Medical necessity of the Meds 4 unit and associated supplies for 3 month rental has not been established within the recommendations of the MTUS Guidelines. The request for conductive garment is determined to not be medically necessary.