

Case Number:	CM15-0003026		
Date Assigned:	01/14/2015	Date of Injury:	12/31/2012
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 62-year-old female who reported an injury of continuous trauma between 04/10/2010 and 12/31/2012. Her mechanism of injury was standing, walking, lifting, and carrying up to 40 pounds; bending and twisting. Her diagnoses included lumbar disc disease; lumbar radiculopathy; left sacroiliac joint arthropathy. Her past treatments have included physical therapy and massage. Her diagnostic studies have included MRI of the low back, x-rays of the low back. Her surgical history included a total knee replacement in 2009. The progress report dated 11/18/2014 documented the injured worker had complaints of pain in the low back that she rated at a 6/10. She described the pain as burning and dull, traveling into the front of the left thigh and to the knee with numbness, tingling, and cramping sensations on the left thigh. On physical exam, she was noted to have tenderness over the lumbar paravertebral musculature. She also tested positive for sacroiliac tenderness, faber's test, sacroiliac thrust test, and Yeoman's test. She had a positive seated leg raise on the left at 50 degrees and supine straight leg raise on the left at 40 degrees. Her lumbar spine range of motion was documented at lateral bending of the right and left side at 15 degrees, flexion at 60 degrees, extension at 10 degrees. Lower extremity muscle testing was all 5/5, and lower extremity reflexes were all 2+. Her medications included Suboxone, Xanax, Pristiq, Ambien, and Aleve. The treatment plan included requesting a left L3-4 transforaminal epidural steroid injection with the goal of reducing pain and inflammation, restoring range of motion, and facilitating progress in more active treatment programs; and avoiding surgery. A urine drug screen was part of the treatment plan; along with a request for an interferential unit for a 30 day trial home use. Return to clinic in 4 to 6 weeks. The rationale for

the request is to reduce pain, improve range of motion, and promote local healing following various tissue injuries. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit 30 day trial for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for interferential unit, 30 day trial for home use, is not medically necessary. The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise and medications; and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain; jaw pain; soft tissue shoulder pain; cervical neck pain; and postoperative knee pain. There is insufficient literature to support interferential current stimulation for treatment of soft tissue injury or for enhancing wound or fracture healing. The criteria for use of the interferential stimulation included pain ineffectively controlled due to diminished effectiveness of medications; or pain ineffectively controlled with medications due to side effects; or history of substance abuse, including significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment; or unresponsive to the conservative measures. Therefore, the request for interferential unit, 30 day trial for home use, is not medically necessary.