

<b>Case Number:</b>	CM15-0007362		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Indiana, New York  
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 female patient, who sustained an industrial injury on 07/21/2014. A primary treating office visit dated 12/02/2014 reported subjective complaint of low back pain remains constant but is improved with recent trail of therapy. The patient reports increased tolerance for standing, sitting, washing and dressing. He also has complaint of intermittent episodes of back spasm. the pain is also reported radiating into the right leg on occasion. Diagnostic study performed 09/04/2014 a magnetic resonance imaging of lumbar spine showed straightening of the lumbar spine with no evidence of herniation. Lumbar spine range of motion is noted as; flexion at 45 degrees, extension at 20 degrees and lateral bending both right and left sides are at 20 degrees. The diagnosis of displacement of lumbar disc without myelopathy is applied. The treatment plan involved seeking authorization for pain management evaluation and 6 additional session of chiropractic therapy. The patient is to return to modified work duties on 12/02/2014. On 12/23/2014 Utilization Review non-certified a request for an interferential unit purchase and medication, noting the Official Disability Guidelines are cited. The injured worker submitted an application for independent medical review of the requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS 4 IF (Interferential) Unit with Garment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Current

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Interferential stimulation unit

**Decision rationale:** Pursuant to the Official Disability Guidelines, Interferential Current Stimulation (ICS) with garment is not medically necessary. ICS 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 medication, and limited evidence of improvement on those recommended treatments alone. The Official Disability Guidelines enumerated Patient Selection Criteria that should be documented by the medical care provider for ICS to be medically necessary. The guidelines state ICS is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or provider licensed to provide physical therapy: pain is ineffectively controlled; future diminished effectiveness of medications; pain ineffectively controlled due to side effects; history substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy treatment; unresponsive to conservative treatment. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. Additionally, there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A jacket should not be certified until after the one-month trial. In this case, the injured worker's working diagnosis is displacement of lumbar disc without myelopathy. Subjectively, the worker complains of constant low back pain that has improved with a recent clinical trial of therapy. He continues to have intermittent episodes of back pain that reach a pain scale of 8 - 9/10. Pain radiates to the right leg occasionally. Objectively, range of motion and lumbar spine is limited in their straightening of the lumbar spine with no evidence of discrimination on magnetic resonance imaging scan. Medications are not listed. The documentation does not contain evidence of a one-month trial as required by the Official Disability Guidelines. There are no Patient Selection Criteria documented in the medical record. There was no documentation whether the ICS unit was for rental or purchase. Consequently, absent clinical documentation to support the use of an ICS with garment without a one-month trial and evidence of patient selection criteria (according to the ODG), Interferential Current Stimulation (ICS) with garment is not medically necessary.