

<b>Case Number:</b>	CM15-0101749		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

Certification(s)/Specialty: Emergency 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 58-year-old female, who sustained an industrial injury on 7/9/2012. The current diagnoses are lumbar spine sprain/strain with bilateral lower extremity radiculopathy. Several documents within the submitted medical records are difficult to decipher. According to the progress report dated 3/24/2015, the injured worker complains of frequent low back pain with radiation into the bilateral lower extremities, right worse than left. There is associated numbness and tingling. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the right paravertebral muscles, limited range of motion, positive straight leg raise test bilaterally, and diminished sensation at L5-S1. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, lumbar support, and home exercise program. The plan of care includes interferential unit purchase: 12 electrodes, 36 power packs and 48 adhesive remover towels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit purchase: 12 electrodes, 36 power packs and 48 adhesive remover towels:** 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 Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

**Decision rationale:** The requested Interferential unit purchase: 12 electrodes, 36 power packs and 48 adhesive remover towels, are not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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.)." The injured worker has frequent low back pain with radiation into the bilateral lower extremities, right worse than left. There is associated numbness and tingling. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the right paravertebral muscles, limited range of motion, positive straight leg raise test bilaterally, and diminished sensation at L5-S1. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential unit purchase: 12 electrodes, 36 power packs and 48 adhesive remover towels are not medically necessary.