

Case Number:	CM15-0131542		
Date Assigned:	07/20/2015	Date of Injury:	11/30/1998
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male who sustained an industrial injury on 11-30-98. Diagnoses are L3-L4 arthrodesis, status post anterior and posterior fusion with subsequent removal of hardware - July 2004, lumbar degenerative disc disease, low back pain syndrome, status post multiple multilevel fusion (L3-S1), most recently in 2004, lumbar radiculopathy, diverticulosis, gastrointestinal symptoms of uncertain etiology beginning after his July 2004 surgery, genito-urinary symptoms of uncertain etiology beginning after his cystoscopy in 2008, and urine toxicology has been performed and found to be appropriate. In a progress report dated 5-12-15, the primary treating physician notes subjective complaints of chronic low back pain and bilateral leg pain. Pain radiates down the left leg and there is some right leg pain as well. An Interferential Stimulator was recommended for him. The injured worker was sent a transcutaneous electrical nerve stimulator unit instead, which is ineffective for him. His usual pain is 5 out of 10 and has been variable from 2-8 out of 10. He reports stabbing, aching and numbness in the lumbar and left sacroiliac joint regions and upper buttock on the left as well as the left gastrointestinal area. He also reports pins and needles and numbness in the thigh, medial calves and feet. There is tenderness over the periumbilical region, left paraspinal region, and left sacroiliac joint region. Active range of motion remains approximately 30% of expected. He has trouble falling asleep and wakes up in pain. He reports speech and memory impairments as side effects from his medications. On the PHQ-9 symptom checklist, He scores 8 of a possible 30 points, suggesting minimal depression and-or anxiety. On the modified Oswestry disability questionnaire, he scored 56% which indicates significant

disability regarding activities of daily living. Current medications are Tylenol with Codeine #4, Lidoderm patch, Valium, Prilosec, Lactulose, Hyoscyamine, Imitrex, Zyrtec, and Nasonex. The requested treatment is a purchase of an Interferential Stimulator for the Lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Stimulator for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 118.

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

Decision rationale: According to MTUS guidelines, Interferential Current Stimulation (ICS). 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 post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: 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.). There is no clear evidence that the patient did not respond to conservative therapies, or has pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. In Addition, there is a limited evidence supporting the use of neuromuscular stimulator for chronic pain. Therefore, the request to Purchase of Interferential Stimulator for the Lumbar is not medically necessary.