

<b>Case Number:</b>	CM15-0133324		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old male, who sustained an industrial injury on 11-17-2014. He has reported injury to the low back. The diagnoses have included lumbosacral sprain-strain; lumbar spine degenerative joint disease; right sacroiliac joint dysfunction associated with pelvic obliquity and leg length discrepancy; and chronic pain syndrome. Treatments have included medications, diagnostics, and chiropractic therapy. Medications have included Naprosyn, Relafen, Pamelor, and Prilosec. A progress report from the treating physician, dated 06-04-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; the pain is constant and rated at 4 out of 10 in severity; the pain is described as achy, throbbing, dull, and deep; the pain is made worse with physical activity; the pain is made better with rest and heat; the Pamelor is helping him sleep; the current and average pain is rated at 9 out of 10; and he reported musculoskeletal joint pain and muscle weakness, depression, anxiety, and unable to sleep. Objective findings included low back with decreased and painful range of motion. The treatment plan has included the request for IF (interferential) unit with garment for 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit with garment for 30 day trial: 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), p120 Page(s): 120.

**Decision rationale:** The claimant sustained a work injury in November 2014 and continues to be treated for low back pain. When seen, there was decreased and painful lumbar spine range of motion. Pamelor, Naprosyn, and Prilosec were prescribed. Physical therapy and cognitive behavioral therapy treatments had been recommended. Authorization for an interferential stimulator trial including a conductive garment was requested. While not recommended as an isolated intervention a one-month trial of interferential stimulation may be appropriate. However, use of a conductive garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, there is no identified upper extremity impairment or need for a large coverage areas that would support a need for a conductive garment. The requested 30 day trial of an interferential unit with garment is not medically necessary.