

<b>Case Number:</b>	CM15-0144467		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 with an industrial injury date of 04/09/2010. The injury is documented as occurring when she was breaking up a fight between two detainees experiencing an injury to her left knee. Her diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and status post left total hip replacement. Prior treatment included chiropractic manipulative therapy, physical therapy, medication, rest and home exercise program. Comorbid condition was hypertension. She presents on 06/23/2015 with complaints of pain in the low back which she rated as 6 out of 10 without Norco. She described the pain as burning in the left hip radiating down bilateral legs into the bottom of the feet with numbness and tingling sensation to the feet. Physical exam noted wide based gait with heel toe walk performed with difficulty secondary to lower back pain. There was diffuse tenderness noted over the lumbar paravertebral musculature. There was moderate facet tenderness noted over the lumbar 4-lumbar 5 spinous process. Treatment plan included transforaminal lumbar epidural steroid injection, interferential unit and urine drug screen. The treatment request for urine drug screen and bilateral lumbar 4-lumbar 5 transforaminal epidural steroid injection was authorized. The treatment request for review is interferential unit, 30 day trial for home use.

### 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 (ICS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** The treating physician does not specifically attribute the uncontrolled pain due to diminished effectiveness of medications or poor control of pain with medications due to side effects. The medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments or unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. Additionally, this patient was recently certified for an ESI and the results of this therapy have not been documented. As such, the request for Interferential unit, 30-day trial for home use is not medically necessary.