

<b>Case Number:</b>	CM15-0146996		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 66 year old female who sustained an industrial injury on 6-24-08. Progress report dated 6-24-15 reports continued complaints of low back pain with numbness and tingling down the right leg to her heel. She also complains of pain in her left leg. She has weakness in both legs, right worse than the left. She has occasional muscle spasms. She is currently in physical therapy with 9 sessions left. Norco help reduces severe pain by 50%. She has depression and anxiety related to chronic pain. Diagnoses include: lumbar herniated nucleus pulposus, lumbar radiculopathy, history of previous lumbar laminectomy, status post lumbar fusion and depression associated with chronic pain. Plan of care includes: CURES report is consistent with prescribed medications, refill Norco, horizant and duexis, await authorization for purchase of EMPI IF3 wave unit, continue physical therapy, consider lumbar epidural steroid injection if pain does not improve with physical therapy and follow up with psychiatrist related to chronic pain. Disability status: permanent and stationary and is being treated for future medical care provision. Follow up in 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One purchase of EMPI IF3 wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118 - 120.

**Decision rationale:** The patient was injured on 06/24/08 and presents with low back pain with numbness and tingling down the right leg to the heel and left/right leg pain. The request is for one purchase of EMPI IF3 wave unit for additional non-pharmacologic pain relief and muscle spasm relief. There is no RFA provided and the patient is permanent and stationary. MTUS Guidelines, Interferential Current Stimulation (ICS), pages 118 - 120 state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is mild tenderness to palpation to the lumbar paraspinal muscles and a positive straight leg raise. The patient is diagnosed with lumbar herniated nucleus pulposus, lumbar radiculopathy, history of previous lumbar laminectomy, status post lumbar fusion, and depression associated with chronic pain. The 06/24/15 report states that the "patient obtains better pain relief with EMPI IF3 wave unit compared to TENS unit. She notes that she had to return unit." In this case, the patient is taking "Norco on an as needed basis, which is beneficial in reducing severe pain." There is no indication that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, or a history of substance abuse. The patient has "completed 3 sessions of physical therapy and has 9 sessions remaining." There does not appear to be any limitation on performing exercise programs/physical therapy treatment and the patient has yet to try other conservative measures. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a purchase is allowed. In this case, there was no 30-day trial with the interferential unit. Therefore, the requested EMPI IF3-WAVE unit purchase IS NOT medically necessary.