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| <b>Case Number:</b>   | CM15-0190781 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 02/17/2006 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/28/2015 |

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 56 year old male who sustained an industrial injury on February 17, 2006. The worker is being treated for: chronic severe pain with breakthrough pain, sexual dysfunction, and bilateral sacroilitis, facet arthropathy bilaterally with facet syndrome, multiple trigger points bilaterally L3 through S1, chronic radiculopathy, failed back surgery syndrome, anxiety, depression, and neuropathic pain of lower extremities. Subjective: January 07, 2015, February 04, 2015 he reported complaint of "constant low back pain which radiates into bilateral lower extremities with numbness and tingling as well as burning and sharp pain into the buttocks." There is also complaint of "constant right wrist and hand pain." In addition to the above, he reported a burning sensation in the stomach, anxiety, depression, stress, constipation and insomnia. He reports that current medication regimen provided 40% relief with increased ADL's, but side effect of: sleepiness, dry mouth, and constipation. March 03, 2015 he reported "constant moderately severe postoperative low back pain with radiation to bilateral lower extremity, left side greater." There is also complaint of constant right wrist and hand pains, anxiety and insomnia. He stated being "approximately 25% improved after surgery." Objective: January 07, 2015, February 04, 2015, June 04, 2015 noted lumbar spine revealed tenderness over L3 through S1 and bilateral SI joints; SLR is positive, left at 50 degrees. A SLR is also positive on the right, and Braggard's, Kemp's, Patrick-Fabere's, Hibb's, Gaenslen's, SI compression and Yeoman's are all noted positive bilaterally. There is noted significant guarding with both flexion and extension of low back. May 13, 2015 noted the patient demonstrates "improved lumbar flexion and left sided bending range of motion, increased left hip and bilateral knee strength, and greater tolerance to walking." "Despite improvements, pain complaints and

other functional mobility limitations remain unchanged." Medication: January 07, 2015: Norco, Tramadol, Zanaflex, Cymbalta, and Prilosec. February 04, 2015, March 03, 2015: Cymbalta, Omeprazole, Neurontin, Tramadol, and Zanaflex. Diagnostic: UDS, radiographic study of lumbar spine. Treatment: status post TLIF at L3 through 4 October 23, 2014, status post decompression at L3 through L4 September 04, 2013 with residual back pain, APF at L4 through L5 and L5 through S1 with residual chronic pain, status post right wrist ORIF with chronic pain, home exercise program and stretching, activity modification, medication, psychiatric care, aquatic therapy. On August 24, 2015 a request was made for physical therapy 8 sessions for the lumbar spine and replacement patches for the interferential unit and stimulation unit supplies that were both noncertified by Utilization Review on September 04, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Replacement patches for interferential unit and stim unit supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Interferential therapy and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of interferential patches, but does address TENS units. ODG does state regarding interferential therapy; "Not generally recommended. 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." Medicare details DME as: durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home Interferential patches do meet criteria as durable medical equipment; however, the medical notes do not establish benefit from ongoing usage of interferential therapy. As this therapy is "not generally" recommended the treating physician must provide some specific indication/purpose for its' continued use outside of usual guidelines. Also, this therapy is recommended for individuals with pain that is inadequately controlled by other means, the medical record does not establish poorly controlled pain, in fact it is noted that the current medication regimen the IW is on is effective in reducing pain and improving ADL's. As the continued usage of interferential therapy does not appear to be indicated, the associated patches also do not appear to be indicated. As such, the request for replacement patches for interferential unit is not medically necessary.