

<b>Case Number:</b>	CM15-0194452		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

This 45 year old male sustained an industrial injury on 1-24-14. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with stenosis, spondylosis, facet hypertrophy and radiculopathy. Previous treatment included physical therapy, acupuncture, epidural steroid injections and medications. In a PR-2 dated 5-1-15, the physician noted that short courses of physical therapy and acupuncture provided partial, temporary relief. Two lumbar epidural steroid injections provided good relief for one month. In a PR-2 dated 5-28-15, the injured worker complained of ongoing low back pain, rated 8 out of 10 on the visual analog scale with radiation occupational therapy the left buttock and leg. The injured worker was awaiting authorization for a weight loss program prior to lumbar interbody fusion surgery. Physical exam was remarkable for lumbar range of motion: extension and bilateral lateral flexion 15 degrees and flexion 40 degrees, positive bilateral straight leg raise and decreased sensation in the left L5 distribution. The treatment plan included continuing medications (Ultram, Nalfon and Flexeril) and continuing to diet at home. In a PR-2 dated 6-24-15, the injured worker continuing ongoing low back and foot pain, rated 7 out of 10 on the visual analog scale. No objective findings were documented. The treatment plan included awaiting a second opinion spine surgeon consultation, continuing medications and compound creams, a one month trial of an interferential unit and requesting a Vita wrap. On 9-4-15, Utilization Review noncertified a request for DME interferential unit with supplies x one month rental.

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

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

**DME Interferential (IF) unit/supplies times 1 month rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The DME Interferential (IF) unit/supplies times 1 month rental is not medically necessary or appropriate.