

<b>Case Number:</b>	CM15-0209361		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 43 year old male, who sustained an industrial-work injury on 2-28-14. He reported initial complaints of pain in neck, mid back, and lower back. The injured worker was diagnosed as having lumbar disc disease, lumbar facet syndrome, status post right medial knee arthroscopy. Treatment to date has included medication, physical therapy, chiropractic manipulative therapy, medication, rest, diagnostics, and home exercise program. Currently, the injured worker complains of persistent dull lower back pain rated 7 out of 10. Per the orthopedic exam on 7-29-15, exam noted wide based gait, difficulty with heel-toe walk secondary to pain in low back, normal lordosis, mild to moderate tenderness to palpation present over the lumbar paravertebral musculature, moderate facet tenderness to palpation over L3-L5, positive Kemps and Farfan test bilaterally. The Request for Authorization requested service to include Interferential unit, 30 day trial for home use. The Utilization Review on 10-15-15 denied the request for 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:** Overturned

**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 patient presents on 07/06/15 with lumbar spine pain rated 7/10. The progress note is handwritten, poorly scanned, and difficult to decipher. The patient's date of injury is 02/28/14. The request is for INTERFERENTIAL UNIT, 30 DAY TRIAL FOR HOME USE. The RFA was not provided. Physical examination dated 07/06/15 reveals tenderness to palpation of the lumbar paraspinal region, positive straight leg raise test to an illegible side, and positive Kemp's test bilaterally. The patient is currently prescribed Norco, Voltaren, and Norflex. Patient is currently working. MTUS Guidelines, Transcutaneous electrotherapy section, page 118-120, under Interferential Current Stimulation (ICS) has the following: "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., re-positioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." In regard to the 30 day rental of an IF unit, the request is appropriate. Utilization review non-certified this request on grounds that; "The patient has been taking Norco for pain with no provided documentation of diminished effectiveness of medications, side effects, or history of drug abuse." However, the documentation provided indicates that this patient's lower back pain has indeed continued to remain unresponsive to conservative measures, such as chiropractic treatment, physical therapy, oral NSAIDs, opiates, and heat/ice. While the utilization reviewer does not consider 7/10 pain with medications to be adequate justification for additional treatment options, MTUS guidelines support the use of such units for a trial for conditions of this nature. The specified 30 days of use also falls within guideline recommendations and could produce benefits for this patient. Therefore, the request IS medically necessary.