

<b>Case Number:</b>	CM15-0021549		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Preventive Medicine, Occupational 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 34-year-old male, who sustained an industrial injury on 12/11/2010. The diagnoses have included lumbar disc disease, lumbar radiculopathy, and right sacroiliac (SI) joint sprain/strain. Treatment to date has included physical therapy, chiropractic manipulation, and medication. Surgical history included a percutaneous discectomy in 2013. According to the orthopedic evaluation dated 1/7/2015, the injured worker complained of pain in the low back which he rated 7 to 8 out of 10. The pain was on the right side; he had burning and needle-like sensation with numbness into the buttocks area down to the right leg occasionally into the left leg. Physical exam revealed an antalgic gait to the right. Heel-toe walk was exacerbated to the right. Lumbar spine exam revealed diffuse tenderness to palpation over the paravertebral musculature. Lumbar range of motion was decreased. Magnetic resonance imaging (MRI) of the lumbar spine from 5/21/2014 showed a posterior annular tear and 3-4mm disc bulge with moderate bilateral neuroforaminal narrowing and bilateral exiting nerve root compromise. Treatment recommendations included a right L5-S1 transforaminal epidural steroid injection (ESI). Authorization was requested for an Interferential unit 30-day trial for home use. A urine toxicology screen was recommended. Work status was temporarily totally disabled. On 1/20/2015, Utilization Review (UR) non-certified a request for an Inferential Unit Trial for 30 days. No guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit Trial For 30 Days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 120.

**Decision rationale:** Due to the uncertain benefits from an Interferential unit, MTUS Guidelines have specific standards that should be met prior to a 1-month trial. The initial standard is an application by an appropriate health care provider to determine if there is an initial response and pain relief. This Guideline standard has not been met to justify a 30-day trial. Under these circumstances, the Interferential Unit Trial for 30 days is not supported by Guidelines and is not medically necessary.