

<b>Case Number:</b>	CM15-0024279		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54-year-old female who sustained an industrial injury on 6/29/12, when she slipped and fell, landing on her back. Subsequent injuries were noted on 9/16/12 resulting in a left patella fracture, and 6/10/13 resulting in a left distal radius fracture. The 9/12/14 lumbar MRI impression documented a right paracentral disc protrusion at L2 abutting the descending right L3 right with mild degree of central canal stenosis. There was a mid-line disc bulge at L3/4 with mild abutment of the descending L4 nerve roots bilaterally, and a mild degrees of central canal stenosis. At L4/5, there was a left foraminal disc protrusion abutting the exiting left L4 nerve root, and a mid-line disc protrusion abutting the descending bilateral L5 nerve roots with a mild degree of central canal narrowing. The 12/30/14 treating physician report cited grade 8/10 low back pain described as a grinding sensation that radiated into the upper back and down the left hip into the knee, and right knee pain that does not radiate from the back. Physical exam documented diffuse lumbar paravertebral muscle tenderness, moderate L5 through S1 facet tenderness, positive Kemp's test, and positive seated and supine straight leg raise on the left. There was mild to moderate loss of lumbar range of motion. Neurologic exam documented decreased left L3, L4, and L5 dermatomal sensation, decreased left big toe extension, knee extension, and hip flexion strength, and diminished left patellar and Achilles reflexes. The diagnosis included lumbar disc disease, radiculopathy, and facet syndrome. The treatment plan recommended left L3/4 and L4/5 transforaminal epidural steroid injections, and interferential unit for 30-day trial. The request form was for a 30-60 day trial with purchase. The patient was to continue with her current medications. The 1/26/15 utilization review certified a request for left

L3/4 and L4/5 transforaminal epidural steroid injections. A request for an interferential unit with supplies for a 30 day trial was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule.

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

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

**Interferential unit with supplies for 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that IFC is possibly appropriate if pain is ineffectively control due to diminished effectiveness of medications or due to medication side effects, there is a history of substance abuse, significant post-operative pain limits ability to perform exercise/physical therapy treatment, or the patient is unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to study effects and functional benefit. Guideline criteria have not been met. There is no detailed evidence that the patient has failed to benefit from medications or conservative treatment. A transforaminal epidural steroid injection has been certified, and results have not been established. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.