

<b>Case Number:</b>	CM15-0027659		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 45 year old female, who sustained an industrial injury on November 12, 2002. The diagnoses have included depressive disorder, pain disorder, panic disorder, sleep disorder, generalized pain, shoulder impingement, elbow and knee tend burs, lumbosacral radiculopathy and myalgia and myositis. A progress note dated October 22, 2014 provided the injured worker complains of low back pain radiating down legs with numbness, tingling and weakness. Physical exam notes an antalgic gait and use of seat walker. On January 30, 2015 utilization review non-certified a request for IF unit x 1 month rental. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 9, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit x 1 month rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 114-121.

**Decision rationale:** This patient presents with low back pain radiating to the left lower extremity with numbness, tingling, and weakness. The patient is status post partial knee replacement, date unknown. The treater is requesting ONE IF UNIT X 1-MONTH RENTAL. The RFA was not made available for review. The patient's date of injury is from 11/12/2002, and her current work status was deferred to PTP. The MTUS guidelines page 114 to 121 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records show that the patient has not trialed an IF unit in the past. The report making the request was not made available. The 10/22/2014 report shows that the patient complains of significant low back pain radiating to the left lower extremity with numbness, tingling, and weakness. She is also status post partial knee replacement on the left side and is describing significant pain with weakness. The patient presents with an antalgic gait and uses a walker with a seat to aid in her ambulation. In this case, given the patient's significant symptoms, a trial of an IF unit is appropriate to determine its effects and benefits of use. The request IS medically necessary.