

<b>Case Number:</b>	CM15-0029533		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 36-year-old male, who sustained an industrial injury on 1/6/2009. The diagnoses have included exacerbation of cervical spine pain, disc protrusions per magnetic resonance imaging (MRI) dated 11/12/2014, exacerbation of lumbar spine pain, failed back syndrome, right knee and ankle synovitis secondary to altered gait and patellar tendinosis. Treatment to date has included physical therapy, surgical intervention and medications. According to the progress report dated with request for authorization dated 12/18/2014, the injured worker complained of pain in the neck that radiated in the pattern of bilateral dermatomes and pain in the lower back that radiated in the pattern of bilateral L3 and L4 dermatomes. He also complained of pain in the bilateral knees and right ankle/foot. He rated his neck pain as 8/10 per the visual analog scale (VAS); 8-9/10 in the lower back, 3/10 in the right knee and 6/10 in the left knee and right ankle/foot. Exam of the cervical spine revealed tenderness to palpation, spasm and restricted range of motion. Exam of the lumbar spine revealed tenderness to palpation, spasm and restricted range of motion. Straight leg raise was positive bilaterally. The injured worker was prescribed medications and an interferential unit. On 1/27/2015, Utilization Review (UR) non-certified a request for DME-Interferential Unit. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (Durable Medical Equipment) -Interferential Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-121.

**Decision rationale:** The 1/27/15 Utilization Review letter states the Interferential Unit requested on the 12/18/14 medical report was denied because there was no indication of improvement with the trial of the interferential therapy. According to the 12/18/14 orthopedic report, the patient presents with neck pain that radiates to bilateral dermatomes and low back pain that radiates in the pattern of bilateral L3 and L4 dermatomes. He also has bilateral knee pain, right ankle/foot pain and depression. The diagnoses included failed back syndrome, and exacerbation of cervical and lumbar pain. The patient was prescribed an interferential unit. MTUS Chronic Pain Medical Treatment Guidelines, TENS, pg114-121, for Interferential Current Stimulation patient selection criteria includes: 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., repositioning, heat/ice, etc.). The available medical reporting does not state that pain is ineffectively controlled due to diminished effectiveness, side effects, substance abuse, or postoperative pain, or that the patient has been unresponsive to conservative measures. The guidelines state it is not recommended as an isolated intervention and 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. Based on the available records, the request for an interferential unit IS NOT medically necessary.