

<b>Case Number:</b>	CM15-0216461		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 60 year old male who sustained an industrial injury on 09-08-2011. Medical records indicated the worker was treated with a lumbar discectomy and fusion at L5-S1 on 10-07-2013. On 08-04-2015, the worker had trigger point injection over the right side of the L5-S1 screws. In the provider notes of 09-23-2015, the injured worker complains of lumbar spine pain that radiated into the cervical spine and was rated at a 5 on a scale of 0-10. He has severe pain and cramping to the bilateral calves while sleeping. X-rays of the lumbar and thoracic spine (two views each) show loss of lumbar lordosis. The treatment plan included an interferential (IF) unit for 30-60 days rental and purchase if effective with supplies as needed to manage pain and reduce medication usage. Prescriptions were also given for Soma and Norco. The worker was instructed in use of heat and ice contrast therapy, and the plan was for the worker to return to modified work on 09-24-2015. An ultrasound guided trigger point injection was given in the right sacroiliac joint on 09-23-2015. A request for authorization was submitted for IF (interferential) unit 30-60 days rental, purchase if effective for low back. A utilization review decision 10-13-2015 determined the request was not medically necessary

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF (interferential) unit 30-60 days rental, purchase if effective for low back:** Upheld

**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): Electrical stimulators (E-stim).

**Decision rationale:** The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial but for a 30-60 day trial with purchase if effective. A trial would have to be attempted prior to a request for purchase. Additionally, there is no evidence that the injured worker has failed with the use of medications as he is still being prescribed pain medication. The request for IF (interferential) unit 30-60 days rental, purchase if effective for low back is determined to not be medically necessary.