

<b>Case Number:</b>	CM15-0055008		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 73 year old female, who sustained an industrial injury on 6/28/13. The injured worker has complaints of pain in the low back that is sharp, radiating to the bilateral knees with burning and numbness sensation radiating to the bilateral lower extremities. The diagnoses have included status post left distal fracture with impaction and displacement; thoracic musculoligamentous sprain/strain; lumbar musculoligamentous sprain/strain with left lower extremity; right wrist forearm tendinitis due to overcompensation and lumbar musculoligamentous sprain/strain with left lower extremity. Treatment to date has included X-rays of the left arm revealed a fracture at the left wrist; left wrist cast; left wrist brace; Magnetic Resonance Imaging (MRI) of the lumbar spine; physical therapy chiropractic manipulative therapy; home exercise program; activity modifications and medications. The request was for interferential stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

**Decision rationale:** The MTUS states that inferential current units are "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." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique". The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for Interferential stimulator unit is not medically necessary.