

<b>Case Number:</b>	CM15-0081363		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Emergency 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 female who sustained an industrial injury on 12/21/2001. The injured worker was diagnosed with lumbar degenerative disc disease and lumbar facet syndrome. Treatment to date includes diagnostic testing, conservative measures, chiropractic therapy, physical therapy, home exercise program and medications. According to the treating physician's progress report on March 17, 2015, the injured worker continues to experience pain in the lumbar spine rated at 7/10 with intermittent radiation to the bilateral legs right side greater than left side. Examination of the lumbar spine demonstrated tenderness to palpation over the paravertebral muscles with facet tenderness at L3 through S1, decreased range of motion and no radicular symptoms. Sensation was intact. Positive Kemp's and Farfan's tests were documented bilaterally. Current medications are listed as Vicodin, Ibuprofen, Naproxen and Lyrica. Treatment plan consists of an authorized bilateral L3-L5 medial branch blocks, urine drug screening and the current request for a 30 day trial of a home Interferential Stimulation (IF) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Unit -30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or prior failure of TENS. Patient also had recently approved epidural steroid injection request making it impossible for a valid trial when ESI is to be done. Interferential unit trial is not medically necessary.