

<b>Case Number:</b>	CM15-0082757		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/13/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 52 year old male, who sustained an industrial injury on November 13, 2011. He reported a sharp pain in the lower back. Treatment to date has included multi-level lumbar spine surgery, MRI of the lumbar spine, and medications. A physician's evaluation of February 14, 2015 revealed the injured worker complained of bilateral lumbar spine pain, bilateral sacroiliac pain, bilateral elbow pain, bilateral cervical pain, and bilateral lower extremities pain. He reported numbness and tingling into the left lower extremity and rates his pain a 6 on a 10-point scale. The pain is relieved with rest, walking and activities and performing bending, pulling, carrying, pushing, sitting, standing, walking turning, twisting and cleaning makes his symptoms worse. The diagnoses associated with the request include status post lumbar spine microdiscectomy, lumbar disc syndrome, cervical spine disc protrusion and bilateral upper extremity radiculitis. The treatment plan includes neurospine consultation, medications, EMG/NCV of the bilateral lower extremities and bilateral upper extremities, MRI of the cervical and lumbar spine, inferential stimulator unit and post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) Interspec IF (Interferential) unit with monthly supplies, 60 day rental (initial trial): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, interferential therapy.

**Decision rationale:** The use of interferential therapy is not supported by ODG guidelines. ODG guidelines not this therapy is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. As such the medical records do not support use of interferential therapy congruent with ODG guidelines. The request is not medically necessary.