

<b>Case Number:</b>	CM15-0089504		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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 08/15/2011. He has reported low back pain. The diagnoses have included lumbago; pain in thoracic spine; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Hydrocodone/Acetaminophen, Orphenadrine Citrate ER, Tramadol HCl ER, and Pantoprazole. A progress note from the treating physician, dated 10/27/2014, documented a follow-up visit with the injured worker. The injured worker reported pain and tightness in the thoracolumbar spine; pain is rated at 2 on a scale for 1-10; and has completed his twelve sessions of physical therapy which did help, but he remains with tightness at this time. Objective findings included tenderness, decreased motion, sensation, and loss of strength to the lumbar spine; and the x-rays taken of the thoracic spine and lumbar spine show loss of lumbar lordosis. The treatment plan has included the request for IF (Interferential) unit and supplies 30-60 day rental and purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit and supplies 30-60 day rental & purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The IF unit and supplies 30-60 day rental & purchase is not medically necessary and appropriate.