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| <b>Case Number:</b>   | CM14-0132380 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 05/25/2011 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee was a 55 year old female claimant who sustained an industrial injury on 05/25/11. The mechanism of injury was falling backwards hitting her head when one of the students pulled a chair out from the employee. Her history was significant for decompression and fusion in the lumbar spine at L4-L5 and L5-S1 in 2010. She was taking Tramadol only intermittently and hence the urine drug screen was negative. Her evaluation and treatment so far included medications, EMG, MRI, epidural injections and surgery. CT scan of lumbar spine showed disc bulging at L1-2 and L2-3 in 2011. She was being treated for low back pain and cervical pain. The progress notes from 08/07/14 was reviewed. Subjective symptoms included low back pain. She was not taking Tramadol and her symptoms were tolerable. Pertinent examination findings included negative straight leg raising test, normal lower extremity motor strength. Diagnoses included decompression and fusion of lumbar spine and stenosis to adjacent levels. The plan of care included TENS unit and ultrasound gel for the ultrasound machine she had at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **I. F. Purchase and supplies:** 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 Interferential current stimulation Page(s): 120.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there is no documentation of analgesic medication failure, substance abuse or postoperative pain. Hence, the medical necessity criteria for Interferential therapy is not met. Since the interferential unit is not medically necessary, none of the associated services including adhesive wipes, leadwire, batteries, technical fit fee and electrodes are medically necessary.

**Lead wires, electrodes, batteries:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there is no documentation of analgesic medication failure, substance abuse or postoperative pain. Hence, the medical necessity criteria for Interferential therapy is not met. Since the interferential unit is not medically necessary, none of the associated services including adhesive wipes, leadwire, batteries, technical fit fee and electrodes are medically necessary.

**Adhesive wipes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 120.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there is no documentation of analgesic medication failure, substance abuse or postoperative pain. Hence, the medical necessity criteria for Interferential therapy is not met. Since the interferential unit is not medically necessary, none of

the associated services including adhesive wipes, leadwire, batteries, technical fit fee and electrodes are medically necessary.

**Technical fit fee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interferential current stimulation

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there is no documentation of analgesic medication failure, substance abuse or postoperative pain. Hence, the medical necessity criteria for Interferential therapy is not met. Since the interferential unit is not medically necessary, none of the associated services including adhesive wipes, leadwire, batteries, technical fit fee and electrodes are medically necessary.