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| <b>Case Number:</b>   | CM14-0136343 |                              |            |
| <b>Date Assigned:</b> | 09/03/2014   | <b>Date of Injury:</b>       | 01/15/2014 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2014 |

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 66-year-old female, who reported an injury on 01/15/2014. The mechanism of injury was not provided within the review. Her diagnoses were noted to be low back pain and lumbar spondylosis. Prior treatments were noted to be physical therapy, home exercises, and medication. She was noted to have diagnostic image studies. Prior surgical history was not within the documentation for review. The injured worker had subjective complaints of diffuse aching, right sided low back pain with periodic spasms, diminished range of motion, and intolerance for prolonged standing, walking, bending, stooping, lifting, carrying greater than 10 pounds or driving greater than 30 miles. The physical examination findings included lumbar spine was tender to palpation, lumbosacral paraspinals on the right and overlying right SI joint and PSIS; however, there was negative Faber sign. There was mildly diminished range of motion with flexion and extension. She had a negative straight leg raise bilaterally with distal neurologic exam being intact. The treatment recommendations included physical therapy and an interferential unit. Medications refilled included Celebrex. The provider's rationale for the request was noted within the treatment recommendations of the examination on 06/24/2014. A Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds 4-Interferential Unit with Garment for 30 Day Trial Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation unit 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. The documentation provided does not indicate approved physical therapy in place. It was not noted that medications, exercise, or modified duties returning to work were failures alone. The guidelines state that criteria for an interferential unit is pain that is ineffectively controlled due to diminished effectiveness of medications or pain ineffectively controlled with medications due to side effects or history of substance abuse or unresponsive to conservative matters. Because documentation cannot support the criteria under the guidelines for an interferential unit, the unit is not medically necessary at this time. Therefore, the request for Meds 4-Interferential Unit with Garment for 30 Day Trial Rental is not medically necessary.