

<b>Case Number:</b>	CM14-0139186		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 53-year-old female with a 7/15/11 date of injury. A specific mechanism of injury was not described. According to a handwritten and largely illegible progress report dated 7/22/14, the patient complained of low back pain and spasms and bilateral lower extremity pain and weakness. Objective findings: antalgic gait, stiff movements. Diagnostic impression: status post lumbar laminectomy and decompression of 8/26/13, lumbar spine bilateral lower extremity radiculitis, rule out disc herniation. Treatment to date: Medication Management, Activity Modification, Physical Therapy, Acupuncture, Chiropractic, Epidural Injections, Decompression Surgery for Stenosis. A UR decision dated 8/5/14 denied the request for interferential unit for lumbar spine. The use of an IF unit has not been proven efficacious in long-term studies for the treatment of pain. There was no evidence of any extenuating circumstances in this claimant's specific case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit for lumbar spine:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. In the records provided for review, there is no documentation of failure to conservative measures of treatment. In addition, there is no documentation that the patient's pain is ineffectively controlled with medications. A specific rationale identifying why an interferential unit would be necessary for this patient was not provided. Therefore, the request for Interferential unit for lumbar spine was not medically necessary.