

<b>Case Number:</b>	CM14-0139876		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2014. In a Utilization Review Report dated August 7, 2014, the claims administrator partially certified a request for home interferential unit as a one-month trial of the same. Both MTUS and non-MTUS Guidelines were invoked. The claims administrator based its partial certification on a doctor's first report dated July 29, 2014 and an associated request for authorization form of the same date. The claims administrator stated that the applicant reportedly had a history of substance abuse which would make at least a partial case for the device. The applicant's attorney subsequently appealed. On July 30, 2014, authorization was sought for 12 additional sessions of physical therapy via a request for authorization form without any attached progress notes. The remainder of the file was reviewed on several occasions. Neither the July 29, 2014 doctor's first report nor the July 29, 2014 request for authorization form on which the services in question were sought was incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, page 300, Physical Methods section.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, "insufficient evidence" exists to determine the effectiveness of sympathetic therapy, a noninvasive electrical stimulation modality also known as interferential therapy. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable ACOEM position on the device at issue. It is further noted that it appears that the device at issue was sought for purchase purposes without evidence that the applicant had completed a previous trial rental of the same, although it is acknowledged that the July 29, 2014 doctor's first report on which the service was sought was not incorporated into the Independent Medical Review packet. Based on the information which is on file, then, the request is not indicated. Accordingly, the request is not medically necessary.