

<b>Case Number:</b>	CM14-0147442		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 42 year old female with a date of injury on 2/3/2014. Diagnosis is of lumbar sprain/strain. Subjective complaints are of lumbar spine pain with radiation to the gluteus muscles. Physical exam shows an antalgic gait, hypertonic muscles in the paralumbar area, decreased sensation in bilateral S1 dermatomes and decreased range of motion. Neurodiagnostic studies from 2/3/2014 showed no abnormalities. CT scan of the lumbar spine on 2/24/2014 showed disc protrusion at L4-5 and bulging at L2-L3. Prior treatments have included acupuncture, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF(Interferential current stimulation) unit 12 months (purchase) supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IF(Interferential current stimulation). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)IF(Interferential current stimulation)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL TREATMENT Page(s): 118-119.

**Decision rationale:** CA MTUS does not recommend interferential current stimulation as an isolated intervention. But CA MTUS does suggest it is possibly appropriate to have a one month

trial if the following criteria are met: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. For this patient, there is no objective evidence submitted from a one-month trial. Therefore, the medical necessity of an interferential unit for 12 months is not established at this time.