

Case Number:	CM14-0161769		
Date Assigned:	10/03/2014	Date of Injury:	05/04/2000
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 71 year old man involved in a work related injury from 5/4/2000. The injured worker has chronic low back pain. There is a note from 2/2014 indicating ongoing low back pain which radiates to the right leg. There is regular use of Norco and Flexeril noted. Magnetic resonance imaging was done and showed pathology that might lead to radiculitis. The injured worker was referred for an epidural steroid injection and to a neurosurgeon. The neurosurgeon advised injections. At some point, a request was made for an interferential device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Interferential Muscle Stimulator with Supplies (Purchase): 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 (ICS), Page(s): 118-120.

Decision rationale: The request for the interferential device is not appropriate. Clinical guidelines are very thorough in indicating that this device is not appropriate. According to the guidelines this device is not recommended as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments. These treatments

include return to work, exercise, and medications. There is limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008). The findings from these trials were either negative or non-interpretable for recommendation, due to poor study design and/or methodologic issues. In addition, although this is proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. Therefore, the requested device is not supported. It is non-certified as it is considered not medically necessary.