

<b>Case Number:</b>	CM14-0185631		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37-year old male with an injury date of 08/25/2010. The patient presents pain and in his lower back, radiating down both of his legs. The patient rates his pain as 7/10 on the pain scale, without medication. The patient describes his pain as constant, sharp, throbbing, or burning, across the low back mainly. The patient reports having severe cramps on both calves. There is tenderness over posterior superior iliac spines bilaterally. Examination reveals straight leg raising in a sitting position is 65 degrees on the right and 60 degrees on the left. Per 09/16/2014 progress report, the patient is not working. Diagnoses on 09/16/2014) Musculoligaments sprain lumbar spine with lower extremity radiculitis<sup>2</sup>) Disc protrusion L4-5 (2.6mm) and L5-S1 (3.3mm)<sup>3</sup>) Disc protrusion T3-4 (2mm)<sup>4</sup>) Disc protrusion L4-5 (3mm)<sup>5</sup>) L5-S1 radiculopathy<sup>6</sup>) S/p multiple bilateral hernia repairs The utilization review determination being challenged is dated on 10/28/2014. Treatment reports were provided from 02/13/2013 to 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167 and 300.

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

**Decision rationale:** MTUS (p118-120) states Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects; History of substance abuse; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Review of progress reports does not show documentation of patient's medication use, history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. Furthermore, the request does not specify the length of ICS if it is a trial request. MTUS require 30-day home trial if indicated. Interferential (IF) stimulation unit is not medically necessary.