

<b>Case Number:</b>	CM14-0077182		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 injured worker is a female with date of injury of 9/3/2010. Per the primary treating physician's progress report dated 3/14/2014, the injured worker complains of pain in the low back. She has not had any treatment yet. She still has soreness and weakness in the back. She rates her pain as 5-7/10 depending on activity. She states it is hard to get up from a bending position or kneeling down. On examination of the lumbar spine there is a 7 cm well healed scar over the lumbar spine. There is 2+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. There is 2+ pain over the spinous process from L2 through S1 bilaterally. Straight leg raising is positive at 60 degrees on the left with radicular lower extremity pain. Kemp's test is positive bilaterally. The diagnosis is lumbar spine fusion in 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-Stim plus supplies, a 5-month rental and supplies to include electrodes, lead wires, adapter and installation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. The request for Multi-Stim plus supplies, a 5-month rental and supplies to include electrodes, lead wires, adapter and installation is determined to not be medically necessary.