

<b>Case Number:</b>	CM15-0005265		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 65 year old male who sustained an industrial injury on 04/25/2012. He has reported low back pain rated a 7/10 with radicular symptoms. Diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and status post left total knee replacement. Treatments to date include oral medications of Zanaflex, Prilosec and Naproxen, physical therapy, and chiropractic manipulative therapy. A progress note from the treating provider dated 12/16/2014 indicates moderate tenderness to palpation over the lumbar paravertebral musculature and moderate facet tenderness over the C3 through C7, moderate patellofemoral crepitus on the right knee, and sensory examination showed intact sensation over the L1, L2, L5, and S1 dermatomes with decreased sensation in the bilateral L4 and right L3 dermatomes. Treatment plans include continuation of the IW's present medications, random drug screening, and use of an interferential unit for a 30 day trial at home use. On 12/26/2014 Utilization Review non-certified a request for an Interferential unit. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit:** 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 Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process and exercises not demonstrated here. The Interferential unit is not medically necessary and appropriate.