

<b>Case Number:</b>	CM15-0019415		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/01/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona

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 is a 31-year-old female with a reported date of injury on 06/01/2006. The mechanism of injury was not stated. The injured worker is diagnosed with bilateral lower extremity radiculopathy. It is also noted that the injured worker is status post lumbar laminectomy and fusion. The latest physician progress report submitted for review is documented on 11/06/2014. The injured worker presented for a followup evaluation with complaints of low back pain radiating into the bilateral lower extremities. Upon examination, there was tenderness to palpation over the paravertebral muscles, left greater than right sciatic pain, limited range of motion, and positive straight leg raise. Recommendations included 6 sessions of physical therapy with continuation of the home exercise program. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulation Unit and Heat Pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 161, 162, 300, Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, it is noted that the injured worker is several years status post lumbar laminectomy and fusion. There is no documentation of a failure of other appropriate pain modalities, including TENS therapy, prior to the request for an interferential stimulation unit. Additionally, there is no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.