

<b>Case Number:</b>	CM15-0110388		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/09/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male with a March 9, 2015 date of injury. A progress note dated April 27, 2015 documents subjective findings (lower back pain rated at a level of 5/10 and occurring 50% of the day; occasional to intermittent radiating pain into the left hip and leg), objective findings (decreased range of motion of the lumbar spine; positive Milgram's and Kemp's bilaterally; persistent diminished reflex of the left Achilles tendon reflex; hypersensitivity is noted when palpating at L3, L4, L4-L5 and L5-S1; also noted is muscle guarding on the right at the level of L3, L4, L4-L5, and L5-S1 and the associated paravertebral muscles; decreased muscle strength of the left anterior tibialis), and current diagnoses (resolving exacerbated posttraumatic lumbar sprain with suspected L5-S1 protrusion, and associated radicular like pain into the left lower extremity). Treatments to date have included chiropractic treatments, exercise, imaging studies, and medications. The treating physician documented a plan of care that included an interferential unit and associated supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit with electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of an Interferential (IF) Unit as a treatment modality. IF 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, and 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. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. The MTUS guidelines state that IF may be 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is insufficient evidence in the records to support the use of an IF Unit. Specifically, There is no evidence in this case that IF is being used in conjunction with recommended treatments including return to work, exercise and medications. Further, the request for the IF Unit was for at least a 90 day trial. As noted above, a one-month trial may be appropriate if other conditions are met. Finally, there is no evidence that the patient has undergone an adequate trial of conservative measures to include physical therapy and medications. For these reasons an IF Unit is not medically necessary.

**12 batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of an Interferential (IF) Unit as a treatment modality. IF 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, and 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The MTUS guidelines state that IF may be 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is insufficient evidence in the records to support the use of an IF Unit. Specifically, There is no evidence in this case that IF is being used in conjunction with recommended treatments including return to work, exercise and medications. Further, the request for the IF Unit was for at least a 90 day trial. As noted above, a one-month trial may be appropriate if other conditions are met. Finally, there is no evidence that the patient has undergone an adequate trial of conservative measures to include physical therapy and medications. For these reasons an IF Unit is not medically necessary. As the IF Unit is not medically necessary, 12 batteries to be used with the IF Unit are also not medically necessary.

**16 adhesive removers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of an Interferential (IF) Unit as a treatment modality. IF 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, and 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The MTUS guidelines state that IF may be 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of

increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is insufficient evidence in the records to support the use of an IF Unit. Specifically, There is no evidence in this case that IF is being used in conjunction with recommended treatments including return to work, exercise and medications. Further, the request for the IF Unit was for at least a 90 day trial. As noted above, a one-month trial may be appropriate if other conditions are met. Finally, there is no evidence that the patient has undergone an adequate trial of conservative measures to include physical therapy and medications. For these reasons an IF Unit is not medically necessary. Since the IF Unit is not medically necessary, 16 adhesive removers to be used with the IF Unit are also not medically necessary.

**Lead wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of an Interferential (IF) Unit as a treatment modality. IF 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, and 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The MTUS guidelines state that IF may be 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is insufficient evidence in the records to support the use of an IF Unit. Specifically, There is no evidence in this case that IF is being used in conjunction with recommended treatments including return to work, exercise and medications. Further, the request for the IF Unit was for at least a 90 day trial. As noted above, a one-month trial may be appropriate if other conditions are met. Finally, there is no evidence that the patient has undergone an adequate trial of conservative measures to include physical therapy and medications. For these reasons an IF Unit is not medically necessary. As the IF Unit is not medically necessary, the lead wires used with the IF Unit are also not medically necessary.