

<b>Case Number:</b>	CM15-0118941		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Florida

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:

The injured worker is a(n) 47-year-old male, who sustained an industrial injury on 1/27/15. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having lumbar strain and right lumbar radicular syndrome. Treatment to date has included physical therapy with benefit, Naproxen, Flexeril and Ibuprofen. As of the PR2 dated 5/12/15, the injured worker reports low back pain with radiation into the right lower extremity. Objective findings include tenderness to palpation in the lower back, lumbar flexion is 40 degrees, extension is 10 degrees and lateral bending is 20 degrees bilaterally. The treating physician requested Meds4 Inf +IF Unit with Garment for Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds4 Inf - IF Unit with Garment for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) MTUS Page(s): 127.

**Decision rationale:** MTUS guidelines state regarding (ICS Interferential Current Stimulation), "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. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: 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. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." Regarding this patient's case, MTUS guidelines have not been satisfied according to the documentation provided. There is no documentation that pain is ineffectively controlled due to diminished effectiveness of medications or that he has failed conservative measures. This request for Meds4 Inf - IF unit with garment for lumbar spine is not considered medically necessary. Additionally, the garment for lumbar spine is not considered medically necessary as the IF unit is not considered medically necessary.