

<b>Case Number:</b>	CM15-0119874		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 44 year old female, who sustained an industrial injury on 1/14/2015. She reported low back pain. Diagnoses have included lumbar spine musculoligamentous sprain/strain with right sacroiliac joint sprain and right lower extremity radiculitis. Treatment to date has included physical therapy. According to the progress report dated 4/16/2015, the injured worker complained of low back pain with stiffness. She complained of pain, numbness and tingling radiating down the right lower extremity to the foot. Exam of the lumbar spine revealed tenderness to palpation over the paravertebral musculature, right side greater than left. Sensation to pinprick and light touch in the right lower extremity was decreased in an L4-L5 dermatomal distribution. Authorization was requested for an Avid interferential stimulator, electrodes, power pack, wires, adhesive remover and shipping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avid IF unit rental x 1 month:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section 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 for a one-month trial; therefore, the request for Avid IF unit rental x 1 month is medically necessary.

**Electrodes x 4 packs, power pack x 12, adhesive remover x 16, TT and SS lead wires x 2, shipping:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section 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. In this case, the request is for a one-month trial of an Avid IF unit rental is supported, therefore, the request for electrodes x 4 packs, power pack x 12, adhesive remover x 16, TT and SS lead wires x 2, shipping is medically necessary.