

<b>Case Number:</b>	CM15-0127684		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, New York, 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 applicant is a represented 42-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of March 30, 2015. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for an interferential unit. The claims administrator referenced an RFA form received on June 17, 2015 in its determination. The claims administrator did not incorporate any guidelines into its rationale but stated, toward the bottom of the report, that its decision was based on MTUS Guidelines (not cited). A June 10, 2015 progress note and an associated June 11, 2015 RFA form were referenced in the determination. On said June 10, 2015 progress note, the applicant reported ongoing complaints of low back pain, 5/10 with medications versus 8/10 pain without medications. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was also asked to employ acupuncture on a trial basis. The applicant had received earlier physical therapy and manipulative therapy, it was suggested. Unspecified medications were refilled. It was not explicitly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although it did not appear to be the case. An interferential unit trial was also endorsed. In a separate narrative report dated June 11, 2015, the attending provider suggested that the applicant's employer was unable to accommodate suggested limitations.

### 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** No, the request for an interferential unit [purchase] is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of interferential therapy, i.e., the modality at issue. While the MTUS Guideline in ACOEM Chapter 12, page 300 qualifies its position by noting that passive physical modalities may have some value in the short-term if used in conjunction with a program of functional restoration, here, however, the applicant was off of work, it was suggested on a June 11, 2015 progress note, referenced above, at which point it was stated that the applicant's employer was likely unable to accommodate suggested workplace limitations. It did not appear, in short, that the applicant was intent on employing the interferential unit in question in conjunction with a program of functional restoration. Therefore, the request is not medically necessary.