

Case Number:	CM15-0075169		
Date Assigned:	04/27/2015	Date of Injury:	03/04/2014
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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:

This 64-year-old male sustained an industrial injury on 3/4/14. He subsequently reported low back pain. Diagnoses include lumbago. Treatments to date have included x-ray and MRI studies, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, the pain severity is rated 8 out of 10. The treating physician made a request for 5 Months Rental of multi-stimulator interferential unit, 2 lead wires, 40 electrodes and 1 adapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Months Rental of multi-stimulator interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute - Pain (chronic) <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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 methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The primary treating physician's progress report dated 4/7/15 documented a diagnosis of lumbago. Medical records document a history of low back complaints. The requested multi-stimulator interferential unit is not supported by clinical practice guidelines. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Clinical practice guidelines do not support the request for 5 months rental of multi-stimulator interferential unit, 2 lead wires, 40 electrodes, and 1 adapter. Therefore, the request for 5 months rental of multi-stimulator interferential unit is not medically necessary.

2 Lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute - Pain (chronic) <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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 methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational

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40 Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute - Pain (chronic) <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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 methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The primary treating physician's progress report dated 4/7/15 documented a diagnosis of lumbago. Medical records document a history of low back complaints. The requested multi-stimulator interferential unit is not supported by clinical practice guidelines. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute

guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Clinical practice guidelines do not support the request for 5 months rental of multi-stimulator interferential unit, 2 lead wires, 40 electrodes, and 1 adapter. Therefore, the request for 40 electrodes is not medically necessary.

1 Adapter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute - Pain (chronic) <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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 methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The primary treating physician's progress report dated 4/7/15 documented a diagnosis of lumbago. Medical records document a history of low back complaints. The requested multi-stimulator interferential unit is not supported by clinical practice guidelines. Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Clinical practice guidelines do not support the request for 5 months rental of multi-stimulator interferential unit, 2 lead wires, 40 electrodes, and 1 adapter. Therefore, the request for 1 adapter is not medically necessary.