

<b>Case Number:</b>	CM15-0079588		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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, Indiana, New York  
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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 11/20/2012. He has reported subsequent low back pain and was diagnosed with chronic lumbar strain, quadratus lumborum strain and ligament and muscle sprain/strain. Treatment to date has included oral pain medication, facet block, physical therapy, chiropractic care and acupuncture. In a progress note dated 11/19/2014, the injured worker complained of headaches, episodes of blurred vision, neck and arm pain, left shoulder, chest and low back pain radiating to the left lower extremity. Objective findings were notable for tenderness to the forehead and bridge of the nose, bilateral occipital tenderness, severe cranial tenderness and spasm, limping left gait, left knee, lumbar and cervical tenderness, positive left straight leg raise at 40 degrees and right straight leg raise at 70 degrees. A request for authorization of an interferential unit for the low back was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Interferential Unit for Low Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Interferential therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential Unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, DME Interferential unit (ICS) low back is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's relevant working diagnoses are lumbar radiculopathy; cervical radiculopathy; thoracic radiculopathy; status post left knee surgery; cerebral concussion, post concussion syndrome. Documentation from a November 19, 2014 progress note (the sole progress note by the requesting provider) shows the injured worker has low back complaints that radiate to the left buttock and intermittently to the left thigh without paresthesias. Objectively, sensation is decreased bilaterally at the outer thighs and legs. The documentation states "he had lumbar more than interscapular more than cervical tenderness." The discussion and recommendations section states the injured worker needs to be on physiotherapy, aquatic therapy and acupuncture treatments. He needs to be provided with a home interferential unit for pain relief. There is no documentation of a one-month clinical trial. There is no documentation of failed physical therapy or aquatic therapy. Consequently, absent clinical documentation with a one-month home interferential unit home trial, physical therapy and aquatic therapy, DME Interferential unit (ICS) low back is not medically necessary.