

<b>Case Number:</b>	CM15-0079886		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	05/16/2006
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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 46 year old male who reported an industrial injury on 5/16/2006. His diagnoses, and/or impressions, are noted to include: lumbar sprain/strain; radiculopathy of the lower extremity and thoracic/lumbar/sacral spine; crushing injury of the foot/heel; status-post trans-metatarsal amputation of the left forefoot (5/16/06) with history of delayed healing and persistent pain; status-post left forefoot debridement of post-operative wound (6/22/06); status-post shortening of 2nd metatarsal with debridement & excision (7/23/09); status-post decompression of left deep peroneal nerve and left plantar nerve (9/5/14); sympathetic dystrophy with severe neuritis and phantom sensation of the left forefoot; and painful gait. The history notes co-morbidities of diabetes mellitus and hyper-cholesterolemia. No recent imaging studies were noted. His treatments have included multiple surgeries; physical therapy; psychiatric evaluation and management; medication management with urine toxicology screenings; and rest from work. The progress notes of 3/13/2015 noted complaints of constant, non-radiating cervical spine pain, and no change in his left foot pain. The objective findings were noted as no change in the physical examination from his previous visit. The physician's requests for treatments were noted to include the rental of an interferential stimulator unit with electrodes, power pack, adhesive remover, "TT & SS" lead wire, for the lumbar/sacral vertebrae; shipping and handling was determined to not be medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential stimulator rental times one month: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient receives treatment for chronic pain of the lower back and left foot and ankle. This relates back to an industrial injury on 05/16/2006. The patient has been treated with multiple surgical procedures involving post-traumatic amputation, wound debridement, and medical care for delayed healing and release of nerve entrapment. The patient has become opioid dependent and receives treatment for post-traumatic stress disorder. This review addresses a request for an interferential stimulator. An ICS is not recommended as the sole treatment modality for treating chronic pain. There are no well designed prospective clinical trials that show a benefit from ICS that is distinctive from that of a placebo. In addition, there is little agreement about what the optimal treatment protocol using ICS is. Additionally, should the ICS be considered for the treatment of chronic pain for a one month trial, then there are certain qualifications that must be addressed and documented: the patient's pain is inadequately controlled by the medications, or there are intolerable side effects. Other considerations include if the patient is immediately post-operative and conservative measures, such as repositioning or applying heat or cold fail to help the pain. These qualifying factors are not adequately addressed in the documentation. An ICS is not medically necessary.

**Electrode packs #4, power pack #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulator (ICS) page(s): 118-120.

**Decision rationale:** This patient receives treatment for chronic pain of the lower back and left foot and ankle. This relates back to an industrial injury on 05/16/2006. The patient has been treated with multiple surgical procedures involving post-traumatic amputation, wound debridement, and medical care for delayed healing and release of nerve entrapment. The patient has become opioid dependent and receives treatment for post-traumatic stress disorder. This review addresses a request for an interferential stimulator. An ICS is not recommended as the sole treatment modality for treating chronic pain. There are no well designed prospective clinical trials that show a benefit from ICS that is distinctive from that of a placebo. In addition, there is little agreement about what the optimal treatment protocol using ICS is. Additionally, should the ICS be considered for the treatment of chronic pain for a one month trial, then there are certain qualifications that must be addressed and documented: the patient's pain is inadequately controlled by the medications, or there are intolerable side effects. Other considerations include as repositioning or applying heat or cold fail to help the pain. These

qualifying factors are not adequately addressed in the documentation. An ICS is not medically indicated and the electrode pack is not necessary.

**Adhesive remover towel mint #16:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulator page(s): 118-120.

**Decision rationale:** This patient receives treatment for chronic pain of the lower back and left foot and ankle. This relates back to an industrial injury on 05/16/2006. The patient has been treated with multiple surgical procedures involving post-traumatic amputation, wound debridement, and medical care for delayed healing and release of nerve entrapment. The patient has become opioid dependent and receives treatment for post-traumatic stress disorder. This review addresses a request for an interferential stimulator. An ICS is not recommended as the sole treatment modality for treating chronic pain. There are no well designed prospective clinical trials that show a benefit from ICS that is distinctive from that of a placebo. In addition, there is little agreement about what the optimal treatment protocol using ICS is. Additionally, should the ICS be considered for the treatment of chronic pain for a one month trial, then there are certain qualifications that must be addressed and documented: the patient's pain is inadequately controlled by the medications, or there are intolerable side effects. Other considerations include if the patient is immediately post-operative and conservative measures, such as repositioning or applying heat or cold fail to help the pain. These qualifying factors are not adequately addressed in the documentation. An ICS is not medically indicated and the adhesive remover towel mitt is not necessary.

**TT & SS leadwire #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulator (ICS) page(s): 118-120.

**Decision rationale:** This patient receives treatment for chronic pain of the lower back and left foot and ankle. This relates back to an industrial injury on 05/16/2006. The patient has been treated with multiple surgical procedures involving post-traumatic amputation, wound debridement, and medical care for delayed healing and release of nerve entrapment. The patient has become opioid dependent and receives treatment for post-traumatic stress disorder. This review addresses a request for an interferential stimulator. An ICS is not recommended as the sole treatment modality for treating chronic pain. There are no well designed prospective clinical trials that show a benefit from ICS that is distinctive from that of a placebo. In addition, there is little agreement about what the optimal treatment protocol using ICS is. Additionally, should the

ICS be considered for the treatment of chronic pain for a one month trial, then there are certain qualifications that must be addressed and documented: the patient's pain is inadequately controlled by the medications, or there are intolerable side effects. Other considerations include if the patient is immediately post-operative and conservative measures, such as repositioning or applying heat or cold fail to help the pain. These qualifying factors are not adequately addressed in the documentation. An ICS is not medically indicated and the TT and SS leadwire is not necessary.