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| <b>Case Number:</b>   | CM15-0093019 |                              |            |
| <b>Date Assigned:</b> | 05/19/2015   | <b>Date of Injury:</b>       | 11/05/2014 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 05/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male who reported an industrial injury on 11/5/2014. His diagnoses, and/or impressions, are noted to include lumbar spine musculoligamentous sprain/strain and myospasm; lumbago; left shoulder arthralgia; anxiety and stress disorder. No current imaging studies are noted. His treatments have included chiropractic treatments, and physiotherapy, of the lumbar spine; acupuncture therapy; medication management; and rest from work. The progress notes of 4/13/2015 noted complaints of low back pain. The objective findings were noted to include noting an antalgic gait and use of cane; hypo-lordosis of the lumbar spine with tenderness to the right quadratus lumborum and gluteal muscles, negative straight leg raise, and decreased sensation on the right; and positive left shoulder impingement. The physician's requests for treatments were noted to include an interferential unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit, Lumbar Spine - Purchase: 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:** IF Unit, Lumbar Spine - Purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential Unit.