

<b>Case Number:</b>	CM15-0094187		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, 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 53-year-old female, who sustained an industrial injury on March 3, 2010. The injured worker was diagnosed as having lumbar intervertebral disc displacement and lumbago. Treatment to date has included physical therapy and medication. A progress note dated April 16, 2015 the injured worker complains of back pain. She reports pain has progressed since her last visit. The pain is rated 6/10. Physical exam notes lumbar tenderness and spasm with radiation to left leg. X-rays were reviewed and showed loss of lordosis. The plan includes interferential unit, physical therapy with healing touch, lab work, hydrocodone, cyclobenzaprine, diclofenac sodium, and Tramadol and pantoprazole sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulation unit 30-60 days rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

**Decision rationale:** According to the guidelines, an IF 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. 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. In this case, there was no mention of ineffectiveness of medications. A trial can be considered for 30 days if there is ineffective pain control or history of abuse. In this case, the request for up to 60-day rental is not medically necessary.