FEP 1.01.24 Interferential Current Stimulation

Description
Interferential current stimulation is a type of electrical stimulation used to reduce pain. The technique has been proposed to increase function in patients with osteoarthritis and to treat other conditions such as dyspepsia, irritable bowel syndrome, and constipation.

FDA REGULATORY STATUS
A number of IFS devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process, including the Medstar™ 100 (MedNet Services) and the RS-4i® (RS Medical).

POLICY STATEMENT
Interferential current stimulation is considered investigational.

BENEFIT APPLICATION
Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

RATIONALE

Summary of Evidence
For individuals who have musculoskeletal conditions who receive IFS, the evidence includes randomized controlled trials (RCTs) and meta-analyses. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Placebo-controlled randomized trial have found that IFS, when used to treat musculoskeletal pain and impaired function(s), does not significantly improve outcomes; additionally, a meta-analysis of placebo-controlled trials did not find a significant benefit of IFS for decreasing pain or improving function. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have gastrointestinal disorders who receive IFS, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. IFS has been tested for a variety of gastrointestinal conditions, with a small number of trials completed for each condition. The results of the trials are mixed, with some reporting benefit and others not. This body of evidence is inconclusive on whether IFS is an efficacious treatment for

Effective Date: January 15, 2018
Related Policies:
1.01.09 Transcutaneous Electrical Nerve Stimulation
7.01.29 Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy
FEP 1.01.24 Interferential Current Stimulation

gastrointestinal conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have post-stroke spasticity who receive IFS, the evidence includes an RCT. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The RCT had a small sample size and very short follow-up (immediately posttreatment). The evidence is insufficient to determine the effects of the technology on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

American College of Physicians and the American Pain Society
Clinical practice guidelines from the American College of Physicians and the American Pain Society, published in 2007, concluded that there was insufficient evidence to recommend interferential current stimulation (IFS) for the treatment of low back pain.17

American College of Occupational and Environmental Medicine
The American College of Occupational and Environmental Medicine published several relevant guidelines in 2011:

Shoulder disorders: The guideline stated that the evidence on IFS is insufficient and, depending on the specific disorder, either did not recommend IFS or were neutral on whether to recommend it.18

Low back disorders: The guideline stated that the evidence on IFS is insufficient and the intervention is not recommended. The exception is that IFS may be considered as an option on a limited basis for acute low back pain with or without radicular pain.19

Knee disorders: The guideline stated that IFS is recommended for postoperative anterior cruciate ligament reconstruction, meniscectomy, and knee chondroplasty immediately postoperatively in the elderly. This was a level C recommendation.20

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES

FEP 1.01.24 Interferential Current Stimulation


**POLICY HISTORY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2011</td>
<td>New Policy</td>
<td>Policy updated with literature search; references 6 and 7 added; other references re-numbered or removed. Policy statement changed to not medically necessary to use IFS for the treatment of pain.</td>
</tr>
<tr>
<td>June 2012</td>
<td>Update Policy</td>
<td>Policy updated with literature search; references 6 and 7 added; other references re-numbered or removed. Policy changed to included not medically necessary for treatment of other conditions. Title changed to “Interferential Current Stimulation.”</td>
</tr>
<tr>
<td>March 2013</td>
<td>Update Policy</td>
<td>Policy updated with literature search. References 5, 9-12 added; other references renumbered or removed. Policy changed to included not medically necessary for treatment of other conditions. Title changed to “Interferential Current Stimulation.”</td>
</tr>
</tbody>
</table>

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
### FEP 1.01.24 Interferential Current Stimulation

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2014</td>
<td>Update Policy</td>
<td>Policy updated with literature review; references 4 and 12 added; other references renumbered or removed. No change in policy statement.</td>
</tr>
<tr>
<td>March 2015</td>
<td>Update Policy</td>
<td>Policy updated with literature review. References 7, 12, and 14-16 added. No change in policy statement.</td>
</tr>
<tr>
<td>December 2017</td>
<td>Update Policy</td>
<td>Policy updated with literature review through July 21, 2017; no references added; references 18-20 updated. Policy statement corrected from “not medically necessary” to “investigational.”</td>
</tr>
</tbody>
</table>

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.