

<b>Case Number:</b>	CM13-0056871		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 43 year-old female was reportedly injured on 7/17/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 11/22/2013, indicates that there are ongoing complaints of neck pain, upper and lower back pain and right knee pain. The physical examination demonstrated cervical spine: stiffness. Hands: pain and left long and ring fingers. Lumbar spine: antalgic gait. Unable to squat. Tenderness throughout the lumbar spine bilaterally. Bilateral paravertebral muscle spasm. Positive straight leg raise seated at 80 degrees on the right. Supine positive at 50 degrees on the right. Positive at 60 degrees on the left with crossover pain. Lasegue's test was positive bilaterally with crossover pain on the left. Faber test was positive bilaterally with crossover pain on the left. Knees: positive medial joint line tenderness in the right knee. Patella pressure causes discomfort. Diagnostic imaging studies include x-rays of the cervical spine revealed no fracture. Lumbar spine revealed disc spaces are well-maintained. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for IF unit and was not certified in the pre-authorization process on 11/4/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective IF unit (9/21/13-10/22/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The MTUS guidelines do not support Interferential (IF) Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. As such, this request is not medically necessary.