

<b>Case Number:</b>	CM13-0063870		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 & Rehabilitation; has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 32-year-old male who reported an injury on June 30, 2010. The mechanism of injury was a lifting injury. The patient was diagnosed with a sprain/strain of the lumbar spine. The patient rated his pain at 6/10 to the low back. The physical examination findings revealed tenderness to palpation of the lumbar spine bilaterally. The patient had full range of motion with the lumbar spine. The patient had 5/5 of motor strength of the bilateral lower extremities. The patient was recommended continuation of medication, acupuncture, an interferential unit and a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN INFERENTIAL (IF) UNIT WITH MONTHLY SUPPLIES:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that interferential current stimulation 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 patient complained of pain; however, no objective clinical documentation was provided to show evidence of participation in physical therapy or a home exercise program. Given the lack of documentation to support guideline criteria, the request is non-certified.

**A COLD THERAPY UNIT WITH HOT/COLD PAD AND ASSY STRAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient complained of pain; however, the documentation submitted for review does not show evidence that the patient is postsurgical. Given the lack of documentation to support guideline criteria, the request is non-certified