

<b>Case Number:</b>	CM13-0070057		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 48-year-old female who reported an injury on October 04, 2002. The mechanism of injury was not stated. The current diagnoses include lumbar spine sprain with disc pathology and multiple internal complaints. The latest physician progress report submitted for this review is documented on October 16, 2013. The injured worker reported ongoing lower back pain with radiation into the bilateral lower extremities. The previous conservative treatment includes TENS therapy and acupuncture. Physical examination revealed paravertebral muscle spasm, tenderness to palpation at L5 through S1, limited range of motion, positive straight leg raising bilaterally, positive Braggard's testing, positive Kemp's testing, and decreased sensation in the bilateral lower extremities. Treatment recommendations at that time included a replacement TENS unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR CONDUCTIVE GARMENT:** 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**MIST SPRAY:** 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**ELECTRODE PACKS - 8 PACKS FOR 2 MONTH SUPPLY:** 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**POWER PACKS - 24 FOR 2 MONTH SUPPLY:** 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 Page(s): 114-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**ADHESIVE REMOVER TOWEL - MINT (32):** 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**TT AND SS LEADWIRE (1): 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**TECH FIT WITH INSTRUCTION: 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 Page(s): 117-121.

**Decision rationale:** As the injured worker's interferential current stimulation unit is not medically necessary, the current request is also not medically necessary.

**A TWO (2) MONTH RENTAL OF AN INTERFERENTIAL STIMULATOR: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state 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. There should be evidence that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or are unresponsiveness to conservative measures. According to the documentation submitted, there is no evidence of a failure to respond to conservative treatment. The injured worker reports improvement in symptoms with the use of a TENS unit as well as acupuncture therapy. Additionally, the request for a two-month rental exceeds guideline recommendations. The California MTUS Guidelines further state a jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.