

<b>Case Number:</b>	CM14-0016679		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, and is licensed to practice in Florida. 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 44-year-old male who reported injury on 08/12/2009. The mechanism of injury was the injured worker was stepping down from a large truck and felt low back pain. Prior treatments included acupuncture, physical therapy, and medication. The documentation submitted for review was dated 01/09/2014. The injured worker had complaints of low back pain and neck with radicular pain down the legs, pain up to the right sides of the head and headaches from the neck. The pain was a 7/10 that increased to a 9/10 with activity. The objective findings included tenderness in the cervical spine at C4-7 and associated paraspinal muscles. There was a positive cervical compression test and a positive shoulder depression test on the right. There was a positive Spurling's test. The examination of the lumbar spine revealed tenderness at L3-5 and associated paraspinal muscles. There was a positive straight leg raise test on the right at 45 degrees. There was decreased sensation at L4, L5 and S1 dermatomes on the right. The injured worker had a positive Kemp's test on the right. The diagnosis included lumbar and cervical spine disc bulge, cervical lumbar spine radiculitis and headaches. The treatment plan included medication, a pain management consultation, and an EMG/NCV to rule out radiculopathy and to stop physical therapy and acupuncture as it provided no relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERSPEC IF II AND SUPPLIES FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend inferential current stimulation as an isolated intervention and it should be used with recommended treatments including work and exercise. The clinical documentation submitted for review failed to provide objective findings to support the necessity for an interferential current stimulation unit. Additionally, there was a lack of documentation indicating the injured worker would be utilizing it as an adjunct to recommended treatments. The request as submitted failed to indicate the duration of use and whether the unit was for rental or purchase. Given the above, the request for Interspec IF II and supplies for the lumbar spine is not medically necessary and appropriate.