

<b>Case Number:</b>	CM14-0027717		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 48 year old male who was injured between 02/08/2011 and 02/08/2012 due to a cumulative cause of trauma. The qualified medical evaluation report dated 01/22/2014 indicated the patient presented with complaints of low back pain rated as 5-6/10. He has bilateral leg pain rated as 5/10 when present. His neck pain is intermittent with associated headaches. He rates his headaches as 9/10. His shoulder pain is intermittent as well rated it as a 5/10. The patient was taking Norco and Flexeril. On exam, range of motion of the cervical spine exhibits extension to 30; bilateral rotation to 60; and bilateral lateral bend to 25. There is tenderness to palpation of the lumbar spine without spasm, rigidity or guarding. He has decreased lumbar range of motion with decreased flexion at 50; extension at 10; bilateral lateral bend at 10 and bilateral rotation at 60. The diagnoses include chronic lumbosacral strain, superimposed on multilevel degenerative disk disease of the lumbosacral spine, with probable left leg radiculopathy, cervical strain, mild, without evidence of radiculopathy, headaches, deferred to neurology and mild right shoulder rotator cuff tendinitis/ bursitis/impingement. The treatment and plan included a facet or medial branch block, began weaning him off narcotics, transcutaneous electrical nerve stimulation unit, physical therapy, acupuncture or chiropractic therapy. The prior utilization review dated 02/24/2014 durable medical equipment (DME)-interferential unit for 3 month rental is denied as there is no indication of his response to IF or other related modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-INFERENTIAL UNIT X 3 MONTH RENTAL:** Upheld

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

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

**Decision rationale:** According to the California MTUS guidelines, ICS 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 reduction of medications, and limited evidence of improvement on those recommended treatments alone. The medical records document diagnoses including chronic lumbosacral strain, superimposed on multilevel degenerative disk disease of the lumbosacral spine, with probable left leg radiculopathy, cervical strain, mild, without evidence of radiculopathy, headaches, deferred to neurology and mild right shoulder rotator cuff tendinitis/ bursitis/impingement. In the absence of documented evidence of return to work, exercise and reduction of medications, the request is not medically necessary according to the guidelines.