

<b>Case Number:</b>	CM14-0035745		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Occupational 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 injured worker is a 35 year old female whose date of injury is 02/10/04. She was trying to break up a fight on the bus when she was pinned by a student and kicked in the back. Progress report dated 04/28/14 indicates that she has completed therapy. When they were performing her evaluation they lifted her up and she felt a pop in her mid low back which has been painful. She continues to have limited motion of her neck. Diagnoses are chronic cervical and thoracic facet syndrome with possible myelopathy and chronic headaches, and lumbar facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RS 4 Interferential current stimulation unit , one month trial, for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

**Decision rationale:** There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment Utilization Schedule guidelines note 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. There is no indication that the injured worker's pain is ineffectively controlled with medications. Based on the clinical information provided, the request for interferential current stimulation unit is not recommended as medically necessary.

**Acupuncture, twice weekly for 8 weeks, for the lumbar, cervical, and thoracic spine #16:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support an initial trial of 3-6 visits of acupuncture to establish efficacy of treatment and note that optimum duration of treatment is 1 to 2 months. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Based on the clinical information provided, the request for acupuncture 2 x week for 8 weeks is not recommended as medically necessary.

**Physical therapy, twice weekly for 8 weeks, to the lumbar spine #16:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The injured worker has undergone a course of physical therapy within the last few months. California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided and the injured worker should be well-versed in a home exercise program at this time. Based on the clinical information provided, the request for physical therapy 2 x week for 8 weeks to the lumbar spine is not recommended as medically necessary.