

<b>Case Number:</b>	CM14-0040624		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery 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:

This is a 35-year-old gentleman who sustained a low back injury on 1/24/13. The 3/6/14 progress report noted ongoing complaints of pain in the low back with radiating bilateral leg pain, chronic in nature. The report of an MRI from 2013 revealed a disc extrusion and collapse with degenerative changes at the L5-S1 level. The report documented that the claimant underwent a recent epidural steroid injection with limited benefit. Prior conservative care has included medication management, physical therapy, activity restrictions, and work modifications. The recommendation was made for an interferential device and continuation of physical therapy twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inferential unit:** 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 Interferential Current Stimulation (ICS).

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the continued use of an interferential unit. According to the Chronic Pain Guidelines. Interferential units are not recommended as isolated intervention and are only used in conjunction with treatment including return to work, exercise, and medication agents. There is no current documentation that the claimant is attempting return to work. The isolated use of an interferential unit as an isolated intervention would not be supported.

**Physical Therapy two times six for the low back:** 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 Physical Medicine, Page(s): 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines would also not support the continued use of physical therapy. This individual has already undergone a course of physical therapy since the time of injury. Physical therapy in the chronic setting should be limited to nine visits for acute symptomatic flare of myositis. The request for twelve sessions at the chronic stage in this individual's low back course of care exceeds the recommended guidelines and would not be supported.

