

<b>Case Number:</b>	CM14-0041371		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male who had a work injury dated 8/4/10. The diagnoses include cervical chronic pain syndrome with degenerative disc disease at multiple levels and degenerative foraminal stenosis C6-7, C7-T1 with radiculopathy, left side being greater than the right; status post right elbow arthroscopic bilateral epicondylar surgery and ulnar nerve surgery; status post right wrist carpal tunnel release with some residual findings; chronic restricted motion and muscle spasm in the lumbar spine as a result of the surgical intervention and prior to that ;status post lumbar spondylolisthesis, which was unstable -status post L4-S1 fusion. Under consideration is a request for durable medical equipment purchase Interspec IF II, monthly supplies for lumbar and cervical spine. There is a primary treating physician report dated 2/19/14 that states that the patient presents for follow up as it pertains to the chronic cervical and lumbar spine issues. The patient is status post lumbar spine fusion with residual chronic low back pain with radiculopathy. He has back pain that is down the left side, but it is worse down the right glutei region and extends down the bottom of the foot. Physical examination of the patient's lumbar spine reveals the patient has decreased range of motion in forward flexion of the lumbar spine secondary to discomfort and pain. Extension is limited to about 5 degrees. He has chronic muscle guarding and tender points on palpation with myofascial pain. He has a well healed incision scar, but the muscles are guarded and tender diffusely along the lumbosacral region. The lower extremity reflexes appear to be about 2+/4. The left side appears to be a little bit brisker than the right side. It is a dermatomal distribution of symptoms. Positive straight leg rising on the left side indicates an L5-S1 in particular because it travels all the way along posteriorly along the Achilles tendon area. It is positive at 45 degrees of flexion on the left side and positive on the right side at about 60 degrees of flexion for the contralateral side. He has a dermatomal

distribution, which is consistent with that. The cervical examination shows the patient has positive extension with side bending. There is nerve root irritation along the trapezius into the bilateral upper extremities. It appears to track along the fourth and fifth digits of the upper extremity. It appears to be C6 and C7 dermatomes. He has a positive Spurling finding and it is chronic in nature with some decreased sensation noted along those parameters as well. In terms of his right lateral epicondylitis, it is still chronic in nature. He still gets Cortisone shots there from the operating surgeon. It is tender to palpation. He has weak grip strength noted as well. There is a request for an interferential stimulator because he had one of these in physical therapy and it seemed to provide some relief for him. He can use it for his back to help some offset some of his pain symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable Medical Equipment Purchase Interspec IF II, monthly supplies for lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 125.

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

**Decision rationale:** Durable Medical Equipment Purchase Interspec IF II, monthly supplies for lumbar and cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention by the MTUS Guidelines. The documentation does not indicate that the patient has had an adequate trial of the interferential current stimulation with evidence of functional improvement, decreased pain and medication reduction. There is no documentation of an adjunct program of exercise. The request for durable medical equipment purchase interspec IF II, monthly supplies for lumbar and cervical spine is not medically necessary.