

<b>Case Number:</b>	CM14-0068292		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 year old male with a date of injury of 12/3/12. The listed diagnoses per ■■■■■ are: 1) Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis 2) Cervical musculoligamentous sprain/strain 3) Headaches, memory loss and hearing difficulty 4) Anxiety According to Doctor's first report 4/17/14 by ■■■■■, the patient presents with low back and neck pain, headaches, anxiety and complaints of memory and hearing loss. Examination revealed tenderness to palpation with associated muscle guarding over the paraspinal musculature. Range of motion was decreased. Examination of the lumbar spine revealed tenderness to palpation with associated muscle guarding over the paraspinal musculature and lumbar juncture. Straight leg raising test is negative but elicits increased localized back pain. Request for authorization from 4/17/14 requests physical therapy two times per week for four weeks and an Interferential unit. Utilization review denied the request on 4/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY TREATMENTS LUMBAR SPINE AND CERVICAL SPINE:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with low back and neck pain, headaches, anxiety and complaints of memory and hearing loss. The medical provider is requesting 8 physical therapy treatments to decrease patient's symptoms and improve range of motion. Utilization denied the request stating patient be formally assessed after a six-visit clinical trial. For physical medicine, the MTUS guidelines recommends for myalgia and myositis symptoms 9-10 sessions over 8 weeks. The medical records indicate the patient resumed work in mid-2013 and has been self modifying his duties without apparent adverse effects and patient has not had formal physical therapy since. In this case, the patient has returned to work and presents with exacerbation of pain and decrease of range of motion. A course of 8 physical therapy sessions is reasonable and recommendation is medically necessary.

**INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

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

**Decision rationale:** This patient presents with low back and neck pain, headaches, anxiety and complaints of memory and hearing loss. The medical provider is requesting an Interferential unit. The MTUS Guidelines states 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. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, a one-month trial is then recommended. In this case, the medical provider's request lacks duration and time-frame and the IF unit is not recommended until a successful home trial for one-month. Recommendation is not medically necessary.