

<b>Case Number:</b>	CM14-0135637		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male who sustained a work related injury on April 5, 2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral radiculopathy, lumbar strain/sprain, and intervertebral disc disorder. No surgical interventions were noted. According to the primary treating physician's progress report on June 18, 2014 the injured worker has noted improvement with chiropractic therapy, home exercises and activities. Range of motion was documented as 90% normal with mild tenderness over the lower lumbar spine and sacroiliac joint. Current medications were not listed. Current treatment modalities consist of chiropractic therapy and home exercises. The injured worker has returned to normal work duties. The treating physician requested authorization for an IF (Interferential) unit purchase and Solar Care Purchase for the lumbar spine. On August 5, 2014 the Utilization Review denied certification for an IF (Interferential) unit purchase and Solar Care Purchase for the lumbar spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF (Interferential) unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** According to the 06/18/2014 report, this patient presents with "intermittent mild pain especially after prolonged periods of weight bearing activities" and noted "improvement with chiropractic treatment, home exercises, and activities." The current request is for Interferential unit purchase. The request for authorization is on 07/08/2014. The patient's work status is "working full duties." Regarding interferential unit, the MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. Indications are pain ineffectively controlled with medication; history of substance abuse; post-operative use; unresponsive to conservative measures. In this case, the treating physician states that the patient "feels better with heat and the stimulation unit received with the chiropractor." However, the treating physician does not document that the patient presents with a specific indication for IF unit as required by the MTUS. Therefore, the current request is not medically necessary.

**Solar care purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 03/18/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: Infrared therapy (IR)

**Decision rationale:** According to the 06/18/2014 report, this patient presents with "intermittent mild pain especially after prolonged periods of weight bearing activities" and noted "improvement with chiropractic treatment, home exercises, and activities." The current request is for Solar care purchase. Regarding solar care, ODG guidelines of the low back state "not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." In reviewing the provided reports, the treating physician does discuss the patient's treatment history of conservative care included exercise and chiropractic care. In this case, a trial of IR therapy may be considered reasonable per the ODG guidelines. However, the requested solar care purchase is not supported by the ODG guidelines. Also, the treating physician does not indicate that the IR therapy is for treatment of acute LBP. Therefore, the request is not medically necessary.

