

<b>Case Number:</b>	CM14-0193772		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/05/2006
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Pain Medicine 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:

The patient is a 49 year old female who sustained an industrial injury to her back with repetitive lifting on April 5, 2006. The injured worker continues to experience chronic lumbar sacral pain with exacerbations of muscle spasm primarily on the right side along with numbness and tingling to the bilateral feet and toes. According to the medical consultation report on September 23, 2014 the injured worker has developed diabetes mellitus brought on by weight gain due to the injury. No surgical interventions were documented. No current radiological reports were present in this review. No home stretching or exercise program or past results of physical therapy or chiropractic therapy were noted. According to the medical consultation reports the injured worker is taking Flexeril, Tramadol, and compound creams for inflammation and pain relief. The injured worker is on modified work restriction. The treating physician requested authorization for Functional Restoration, Manual Therapy; three (3) times a week for four (4) weeks and EMS, infrared; three (3) times a week for four weeks. On November 19, 2014 the Utilization Review modified the prescription for Functional Restoration, Manual Therapy; three (3) times a week for four (4) weeks to a certification of six (6) manual therapy visits and non-certified the EMS, infrared; three (3) times a week for four weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on Manual Therapy and Manipulation, Transcutaneous Electrotherapy and Functional Restoration Program (FRP). The Official Disability Guideline (ODG) Low Back Chapter was also used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS, infrared three (3) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Infrared Therapy (IR)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 and 122.

**Decision rationale:** Regarding the request for EMS, infrared three times a week for four weeks, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested EMS, infrared three times a week for four weeks, is not medically necessary.