

<b>Case Number:</b>	CM15-0007434		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male who reported an injury on 04/17/2013. The mechanism of injury was reportedly pulling a heavy object. His diagnoses include major depressive disorder, panic disorder, pain disorder associated with both psychological and general medicine, cervicgia, thoracic or lumbosacral neuritis or radiculitis and chronic pain syndrome. Past treatments were noted to include psychotropic medications and opioids, cognitive behavioral therapy, chiropractic therapy, and cervical epidural steroid injection. On 12/02/2014, the injured worker had complaints of pain to his neck and bilateral thighs that he rated 8.5/10 to 9/10. It was indicated the injured worker had not been through physical therapy, but has received 24 sessions of chiropractic therapy that gave him "mild temporary relief." The previous epidural steroid injection to the cervical spine gave him "about 50%" pain relief for one week. Upon physical examination, it was noted the injured worker had tenderness at the base of the cervical spine and paraspinous muscles from C6 to T1. His motor strength measured 5/5 to his bilateral upper extremities and his sensation was intact. It was also indicated he had a negative Spurling's and Hoffman's. It was also indicated that he had tenderness to the lower back from approximately L4-S1 and he had a positive straight leg raise bilaterally. His sensation was intact and his deep tendon reflexes were equal and symmetric. Medications were noted to include Norco, Neurontin, Flexeril, and Lexapro. The treatment plan was noted to include cognitive behavioral therapy, facet joint injections and a weight loss program. A request was received for 1 Purchase Of Interspec Interferential (IF) II, For The Submitted Diagnosis of Cervicgia, Lumbar Radiculopathy and Chronic Pain Syndrome As Outpatient without a rationale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Purchase Of Interspec Interferential (IF) II, For The Submitted Diagnosis of Cervicalgia, Lumbar Radiculopathy and Chronic Pain Syndrome As Outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX;www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 8/4/2014)Official Disability Guidelines: Work Loss Data Institute, LLC: Corpus Christi, TX;www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 7/03/2014)

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

**Decision rationale:** According to the California MTUS Guidelines, interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of efficacy unless in conjunction with treatments including return to work, exercise and medications. The guidelines indicate that an ICS is recommended for those is pain is ineffectively controlled, a history of substance abuse, unresponsiveness to conservative treatments, and significant pain from postoperative conditions. It is noted that if the criteria are met, then a 1 month trial may be appropriate. The clinical documentation submitted for review indicated the injured worker had pain despite multiple previous modalities; however, it was not indicated that the injured worker was to participate in conservative care in conjunction to this therapy. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a 1 month trial. As such, the request for 1 Purchase Of Interspec Interferential (IF) II, For The Submitted Diagnosis of Cervicalgia, Lumbar Radiculopathy and Chronic Pain Syndrome As Outpatient is not medically necessary.