

<b>Case Number:</b>	CM15-0145424		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/15/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on November 15, 2014, incurring upper, mid and low back injuries. A lumbar Magnetic Resonance Imaging revealed a disc herniation compressing the thecal sac with multiple muscle spasms throughout the spine. She was diagnosed with a thoracic sprain. Treatment included physical therapy, acupuncture, pain medications, and home exercise program and activity modifications. Currently, the injured worker complained of constant cervical, thoracic and lumbar spine pain. She complained of persistent pain in the right upper arm and shoulder. She noted tenderness and weakness throughout his spine. The injured worker rated his pain 7 on a pain scale from 1 to 10. The treatment plan that was requested for authorization included a five month rental for an Interferential Unit and purchase of a home kit to control pain at home for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**If Unit x 5 Month Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118120.

**Decision rationale:** MTUS Guidelines state that ICS 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. In this case, there is no evidence that the patient is participating in an ongoing exercise program that is resulting in functional improvement. Therefore this request is not medically necessary or appropriate.

**Home Kit to Control Pain at Home for Lumbar Spine 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME (home exercise kits).

**Decision rationale:** Exercise equipment is not considered to be primarily medical in nature. In this case, the submitted medical records do not demonstrate the medical necessity for a home exercise kit with unspecified detail of what is included. There is not sufficient evidence provided to justify the recommendation of any particular exercise regimen over another. In addition, the patient should have been instructed in a home exercise program to maintain gains in formal physical therapy. Therefore, the request is deemed not medically necessary.