

<b>Case Number:</b>	CM15-0166603		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 40 year old male, who sustained an industrial injury on 1-16-2015. The mechanism of injury was transporting a patient. The injured worker was diagnosed as having left shoulder strain with impingement, bursitis and tendinitis and lumbar-thoracic musculoligamentous sprain-strain with left lower extremity radiculitis. There is no record of a recent diagnostic study. Treatment to date has included 14 physical therapy sessions and medication management. In a progress note dated 7-22-2015, the injured worker complains of left shoulder pain and low back pain radiating to the left thigh and left knee. Physical examination showed thoracic and lumbar tenderness and left shoulder tenderness. The treating physician is requesting Home Interferential Electrical Muscle Stimulation Unit and a Proline back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Electrical Muscle Stimulation Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 to 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

**Decision rationale:** This 40 year old male has complained of left shoulder pain and lumbar spine pain since date of injury 1/16/2015. He has been treated with medications and physical therapy. The current request is for a home interferential electrical muscle stimulation unit. Per the MTUS guidelines cited above, interferential muscle 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 available medical records do not include documentation of a plan to use interferential muscle stimulation in conjunction with the recommended treatments. On the basis of the available medical records and per the MTUS guidelines cited above, home interferential electrical muscle stimulation unit is not indicated as medically necessary.

**Back brace (Proline):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 40 year old male has complained of left shoulder pain and lumbar spine pain since date of injury 1/16/2015. He has been treated with medications and physical therapy. The current request is for a back brace (proline). Per the MTUS guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar brace (proline) is not indicated as medically necessary.