

<b>Case Number:</b>	CM15-0023726		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old [REDACTED] [REDACTED] who has filed a claim for low back pain reportedly associated with an industrial injury of November 4, 2014. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve requests for an interferential unit, hot and cold unit, and x-rays of the lumbar spine. Despite the fact that this did not appear to be a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. A December 31, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said December 31, 2014 RFA form, an interferential unit, cane, functional capacity evaluation, and motorized hot and cold therapy unit were endorsed while the applicant was placed off of work, on total temporary disability. Motrin and Flexeril were also prescribed. Low back, leg, and thigh pain were evident. The applicant was not working, it was reiterated on several occasions. The applicant was still smoking, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES .....

**Decision rationale:** No, the interferential unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of interferential therapy, a non-invasive electrical stimulation modality. Here, the attending provider did not furnish any compelling evidence or applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. The attending provider did not make any attempt to employ the interferential stimulator on a trial basis before moving forward with the decision to purchase the same. The attending provider did not employ the interferential stimulator in conjunction with a program of functional restoration, as evinced by the applicant's failure to return to work. Therefore, the request was not medically necessary.

**Hot and cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 299. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Treatments > Hot and Cold Therapies > Cryotherapies Recommendation: Routine Use of Cryotherapies for Treatment of Low Back Pain Routine use of cryotherapies in health care provider offices or home use of a high-tech device is not recommended for treatment of low back pain. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable. Strength of Evidence, Not Recommended, Insufficient Evidence (I)

**Decision rationale:** Similarly, the request for a motorized hot and cold therapy unit was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5 does recommend at-home, low-tech applications of hot and cold as methods of symptom control for low back pain complaints, as were/are present here, by implication, ACOEM does not, however, support high-tech devices for delivering cryotherapy and/or heat therapy, as was proposed and/or dispensed here. The Third Edition ACOEM Guidelines takes a stronger position against high-tech devices for delivering cryotherapy, explicitly stating that such devices are "not recommended." Here, as with the preceding request, the attending provider did not furnish any clear, compelling, or cogent applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request was not medically necessary.

**X-rays of the lumbosacral spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Finally, the request for x-rays of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs or plain films of the lumbar spine in the absence of red-flag symptoms is deemed "not recommended." Here, the attending provider did not furnish any clear, compelling, or cogent applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. The attending provider did not state for what purpose the plain film radiographs of the lumbar spine were performed, suggesting that they were, in fact, performed for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.