

<b>Case Number:</b>	CM15-0028087		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on July 31, 2014. She reported feeling a popping over her neck and lower back in the process of moving a laundry cart. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, sleep disturbance, depressive disorder, and anxiety state. Treatment to date has included ice/heat, exercise, chiropractic treatments, electromyography (EMG), and medications. Currently, the injured worker complains of headaches, lower back pain, left upper extremity pain, right upper extremity pain, left lower extremity pain, and right lower extremity pain. The Treating Physician's report dated January 15, 2015, noted the injured worker reporting the pain at 9/10, with zero being no pain and 10 the worst pain possible. The pain was noted to radiate to the left shoulder, right shoulder, left thigh, right thigh, left leg, right leg, left foot, right foot, and head. The injured worker noted the medications were not effective, with the side effects of abdominal pain and itching. The current medications were listed as Fenoprofen Calcium, Orphenadrine, Terocin Patch, Omeprazole, and Trazodone. The cervical range of motion (ROM) was restricted with facet loading positive on both sides. Lumbar range of motion (ROM) was restricted, limited by pain, with tenderness to palpation of the paravertebral muscles, and spinous process tenderness noted on L1-L5, with positive lumbar facet loading bilaterally. Straight leg raising test was positive on the right and left sides, with tenderness noted over the sacroiliac spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Interspec Unit:** Upheld

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

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

**Decision rationale:** The patient presents with neck, lower back and upper/lower extremities. The request is for DME INTERSPEC UNIT, a dual channel interferential unit. Per 01/15/15 progress report, the patient is to remain at modified duty. The patient has completed chiropractic treatment without relief. The patient is not a surgical candidate. The patient has not had EMG due to a phobia needles. The patient does not want any injection or acupuncture. MTUS guidelines page 118-120 states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures. (e.g., repositioning, heat/ice, etc.) In this case, the 01/15/15 progress report states that "with the current medication regimen, her pain symptoms are adequately managed." The patient tolerates the medications well. Review of progress reports does not show documentation of operative condition, history of substance abuse, nor unresponsiveness to conservative measures except chiropractic treatment. Furthermore, MTUS requires 30-day rental with documentation of use and efficacy before a home unit is allowed. The request IS NOT medically necessary.